NEWS

Andrian Andrews Org

Volume 47 February 23, 2009 No. 11

FDA, AOA partner to develop measures to protect CL patients

n an effort to increase the safety and effectiveness of contact lenses and lens care products for consumers, the AOA co-sponsored a workshop with the U.S. Food and Drug Administration's (FDA) Center for Devices and Radiological Health and other ophthalmic leaders.

The Microbiological
Testing for Contact Lens Care
Products Workshop, Jan. 2223 in Silver Spring, Md., was
organized by the FDA to
develop guidance on improved
testing methods for contact

lens care products.

During the two-day public event, ODs and other experts discussed test method parameters for evaluating the effectiveness of contact lens care products to protect against infections from the *Acanthamoeba* parasite, which is common to water and soil. Participants also discussed improving microbiological test methods to better simulate "real world" consumer use conditions, including patient non-compliance.

The contact lens industry,

government officials, university researchers and eye care practitioners are mounting a united effort to fight contact lens infections, according to Paul Klein, O.D., chair of the AOA Contact Lens and Cornea Section.

The workshop was part of a collaborative effort to develop standardized methodologies for anti-microbial efficacy testing against *Acanthamoeba* and to also update current disinfection efficacy testing for

See FDA, page 14



The Jefferson Memorial gleams at night. The Washington, D.C., icon is one of dozens of destinations awaiting attendees to Optometry's Meeting® this summer. For detailed coverage of planned events, see page 16. Photo courtesy Destination DC.

Healthy Eyes Healthy People® grants reach \$1 million

The AOA announced the Healthy Eyes Healthy People® (HEHP) grant program reached the \$1 million milestone.

Luxottica Group Executive Vice President, Wholesale-North America, Pierre Fay, committed to provide AOA with an additional check in the amount of \$5,000 toward the HEHP grants in order for AOA to reach the mark.

Fay was appreciative of the opportunity to be the one to make the \$1 million achievement happen.

See Grants, page 18

Optometrists gain vote in quality measure development

he AOA has been formally invited to become a voting member of the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® (PCPI) – an influential forum established to ensure health care practitioners have a voice in efforts

to improve the quality of American health care through recognized standards for evidence-based care.

"This is a dramatic and important development," assessed AOA President Peter Kehoe, O.D. "It means optometrists will have a hand in shaping the standards by which health care practition-

ers could increasingly be measured over the coming years. Just as important, it shows that other physician organizations increasingly recognize the AOA and optometry as full partners in the health care community who should 'sit at the table'

See Quality, page 8



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President's Column Focus on the future

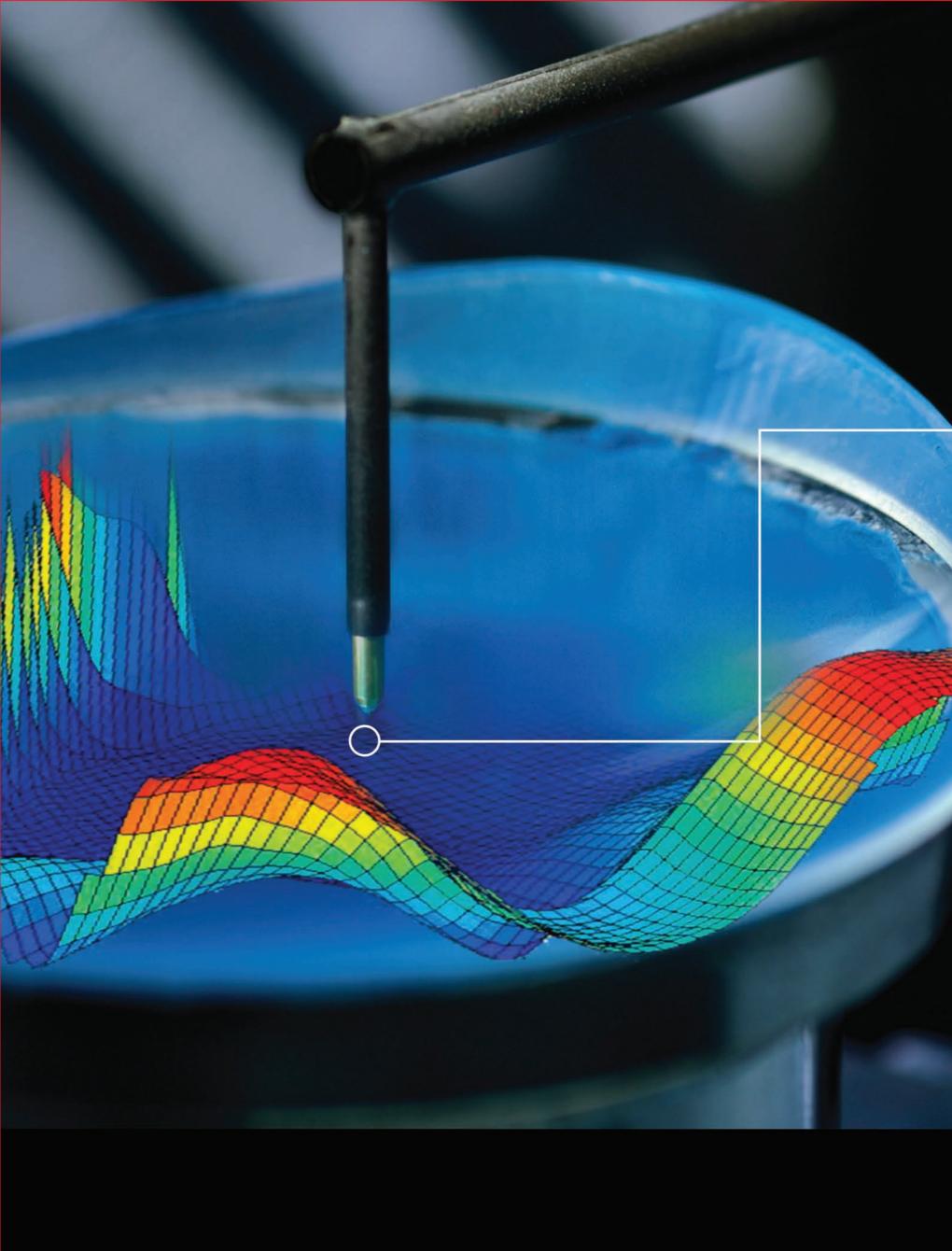


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AOA News Staff www.aoanews.org

Bob Foster, ELS
ASSOCIATE DIRECTOR,
EDITORIAL SERVICES
RAFOSTER@AOA.ORG

Bob Pieper SENIOR EDITOR RFPIEPER@AOA.ORG

Tracy Overton
SENIOR EDITOR
TLOVERTON@AOA.ORG

Stephen M. Wasserman
DIRECTOR, COMMUNICATIONS AND MEMBERSHIP
SMWASSERMAN@AOA.ORG

Advertising

Display Advertising
Aileen Rivera
Advertising Sales Representative
Elsevier
360 Park Avenue South
New York, NY 10010-1710
(212) 633-3721
Fax: (212) 633-3820
E-Mail: A.RIVERA@ELSEVIER.COM

Classified Advertising
Keida Spurlock
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Elsevier
360 Park Avenue South
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(212) 633-3986
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E-MALI: K. SPURIOCK@ELSEVIER.COM

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PRESIDENT'S COLUMN

Focus on the future

s my presidential year draws closer to the end, I will have had the honor and pleasure to have been an official visitor to every school and college of optometry in the United States throughout my tenure on the AOA Board. Long before my daughter decided that optometry would be her future (she finishes in 2011), I realized that the students and the faculty that mold them are critical to the future of our profession.

I'm pleased to report that the future of optometry is in good hands. Clearly, the last 40 years in our profession have delivered tremendous changes, all to provide better care to our patients.

The next 40 years will present new and exciting opportunities for our profession. Growth and change is sometimes uncomfortable and history tells us that our shift to treatment of eye disease did not come without some push back. However, the focus was always on the patient, and ultimately the profession has grown to meet the needs of our patients.

With optometric board certification once again on the horizon for the profession, most doctors would agree on three points:

- * #1 "I don't want to take more CE,"
- * #2 "I don't want to take a test,"
- * #3 "I don't want to spend a lot more money."

However, if you ask your patients one question: Do you expect and want to know that your optometrist has the knowledge and is practicing in 2009 like an optometrist should in 2009? Their answer

nearly 100 percent of the time would be: of course!

The leadership of your AOA and the other five organizations that make up the Joint **Board Certification Project** Team (JBCPT) believed, and still do, that with the emphasis on QUALITY and VALUE in health care as the focus in Washington, in every state capital and commercial insurance carrier, our profession cannot stand idle while health care changes could potentially create a new discrimination challenge for optometry. Yes, optometry is different. However, we are currently

board certification that has been presented. Ask questions of your state association leadership, your AOA and the project team.

Once you've done your homework, I'm sure you'll reach the same conclusion as your AOA leadership – that optometry has come too far to take the risk of not participating fully in the new health care system coming to America.

And speaking of health care reform for America, rest assured that your entire AOA staff and volunteers are working overtime and through many different channels to

Our profession has never stood idle and allowed others to dictate our future.

Can we take that chance at this important crossroad in health care reform?

participating in a health care system that claims 85 percent board-certified physicians at a time when agencies and payers recognize board certification as a measure of quality and value.

The discussion online and off-line about board certification for optometry will evoke many emotions. However, the important thing to remember throughout the process is that our profession has never stood idle and allowed others to dictate our future. Can we take that chance at this important crossroad in health care reform?

I urge you to visit www.aoa.org to learn about the why, the what and the how of the model of optometric ensure that optometry is included fully in whatever system is developed for the future

Our Washington, D.C. plate is very full: Jan. 1, 2010, represents a potential 21 percent cut in Medicare fees for all physicians and we must be sure that optometry is included in any electronic health records, e-prescribing and quality measures that are adopted.

And of course we have the Vision Care for Kids Act of 2009 and optometric inclusion in the National Health Service Corps to help graduates with their debt obligations to name just a few of the important issues for optometry every day.



Dr. Kehoe

We need your help to focus on the future by: investing in AOA-PAC by visiting www.AOApac.org; becoming an active state and/or federal keyperson for your elected officials; and planning to attend the AOA's Congressional Conference June 22-24 and participating in "Optometry Takes Capitol Hill" on June 24 as one of many highlights during Optometry's Meeting® in Washington, D.C.

And finally, we need your help in recruiting the doctors who benefit from all the state and federal wins for our patients and our profession, but who, unlike you, currently don't pay dues.

As students, the focus is on the next test, National Boards or the first real patient. As practitioners, our focus is on our patients and our profession; let's continue to look far into the future, and do what it takes to make sure the next 40 years is just as successful as the last 40 years!

Until next time,

PS: Don't forget to visit my blog: www.PetesAOABlog. com where you'll probably find some discussion about optometry's board certification proposal.

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Team outlines model for maintenance of certification

he model for board certification of optometrists proposed by the Joint Board Certification Project Team (JBCPT) has two objectives:

- To demonstrate that an optometrist has attained an educational level and skills beyond entry level, and
- To demonstrate on an ongoing basis that the optometrist has continued

learning and honing those skills

According to JBCPT members, it is optometry's ability to demonstrate continued competence that is most important to third parties who will determine who participates in plans.

"Maintenance of Certification," as the process is called, will entail keeping a current, valid, unrestricted,

therapeutic license; continuing education (CE); self-assessment modules (SAMs); a clinical validation of skills through Performance in Practice Modules (PPMs); and an examination every 10 years.

During that 10-year period, optometrists would be expected to satisfy requirements in continuing education and practice performance assessments. The process would be overseen by a new body, the American Board of Optometry (ABO).

In that way, participating optometrists could demonstrate that they have knowledge and practice skills that have kept pace with best practices and clinical knowledge.

The model proposed by the JBCPT takes place in three phases, each three years long. In each phase the optometrist would be required to attain 150 points of credit through a wide range of educational activities. Key to the process will be interactive learning modules, new to optometry, known as Self-Assessment Modules (SAMs) and Performance in Practice Modules (PPMs).

A typical SAM is completed in one to four hours by an optometrist on a personal computer and includes a 60question examination covering a particular domain of knowledge and a clinical simulation to show a patient encounter related to that domain. In the proposed program, one completed SAM would be worth 15 points.

A PPM is more involved and worth more points. These modules involve documenting actual patient encounters and more extensive study. A typical PPM will take three to six months to complete, but is worth 50 points of credit.

In addition to the modules, there would be points awarded for continuing educa-

At least half of an OD's continuing education points would need to be from continuing education conferences, meetings or workshops carrying ABO-authorized credit (such as state, District of Columbia, U.S. commonwealth or territory boardapproved or COPE-approved credit.)

Continuing Education with Examination, CEE, is acceptable but not required.

Up to half of the CE points could be from one of the following categories, but no more than 20 percent from any one of them:

A. Educational activities (such as papers and poster presentations, scientific sessions and grand rounds) provided by schools and colleges of optometry accredited by the Accreditation Council on Optometric Education (ACOE), and medical schools approved by the Liaison Committee on Medical Education.

B. Distance learning courses, both interactive and non-interactive, with examinations that qualify for ABO-authorized credit (such as state, District of Columbia, U.S. commonwealth or territory boardapproved or COPE-approved credit) upon completion. (Examples include electronic media, audio/video tapes, and journals.)

C. Educational or scientific portions of hospital meetings, local optometric or medical society meetings, or **grand rounds** not approved by COPE or the state board. D. Other ABO-authorized performance in practice activities (other than selfassessment modules or performance in practice modules [SAMs or PPMs] such as Web-based quality improvement modules, record review, peer evaluation, documented point of care learning, etc.) E. An educational program of a university or college having a defined curriculum, designated faculty, and accreditation from a recognized institutional accrediting organization or an agency recognized by the U.S. Department of Education that is designed to enhance a participant's instructional, research, administrative, or clinical knowledge and skills necessary for the participant to succeed as an educator, administrator, or practitioner in optometry.

F. Scholarly activities

- Members on teams who develop assessment tools, including SAMs and PPMs, knowledge development for Initial and Maintenance of Certification for Optometrists, item developers for the National Board of Examiners in Optometry (NBEO), members of graduate thesis committees or AAO oral examination committees.
- Teaching health care students or health care professionals.
- Review of manuscripts for publication in a peerreviewed optometry, medical or scientific journal.
- Publication of a clinical, review or research article in a peer-reviewed optometry, medical or scientific journal.

During each three-year period after initial board certification, an optometrist would be expected to complete three SAMs --- or two SAMs and one PPM — and the points would apply to the goal of 150 CE points for each phase.

After repeating the process three times, over nine years, the OD would take a recertification exam.

Throughout the 10-year cycle, the OD would be able to claim "board certification."

According to JBCPT members, the closest board certification model to the one being proposed is family medicine, which is believed to be the most recent specialty to obtain board certification.

"An important goal for them was to develop a credible and attainable board certification program, which closely resembles our own priorities," said David Cockrell, O.D., representing the AOA on the JBCPT.

"Additionally, family medicine has the most advanced board certification and maintenance of certification processes of all of the 24 sub-specialties that are members of the American Board of Medical Specialties (ABMS). The family medicine model has been the leader in BC/MOC development and has been favorably received by outside organizations," Dr. Cockrell said.



His education cost a lot We should have protected our investment in him.

25 percent of school kids have vision problems; many go undiagnosed and untreated.

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High-quality prints showcase importance of children's eye care

To further enhance patient care and education efforts, the AOA has introduced three new "gallery prints" highlighting the importance of comprehensive eye exams for children.

These digitally painted, museum-grade canvas gallery prints, focusing on the impact of undiagnosed vision problems in children, will educate parents on why every child should be seen by an optometrist

The large-format 20 x 24-inch "gallery-wrapped" prints feature important visual messages that create a branded patient counseling collection.

Prints arrive with hardware, ready to hang with no framing costs and may be purchased individually, or as a collection, depending on the needs of the office.

The cost is \$89 per print. Available are:

- CE-1 Children's Eye Exam Canvas Print "She May Never Recover..
- CE-2 Children's Eye Exam Canvas Print "His Education Cost a Lot.
- CE-3 Children's Eye Exam Canvas Print "A Child Shouldn't Have to Fail.

To order, contact the Order Department at 800-262-

Project team takes questions about proposal

In order to shed further light on the proposed model for board certification, AOA News asked members of the Joint Board Certification Project Team (JBCPT) to answer common questions about the process. To submit a question to the team, write: questions@jbcpt.org.

Q: How does the Joint Board Certification Project Team define or describe board certification in optometry?

A: The JBCPT defines board certification as: A voluntary process that establishes standards that denotes that a doctor of optometry has exceeded the requirement(s) necessary for licensure. It provides the assurance that a doctor of optometry maintains the appropriate knowledge skills and experience needed to deliver continuing quality patient care in optometry.

Q: Why study board certification at all, and why now?

A: There are several reasons. Health care is evolving, and the expectations of consumers, insurers, the government and other third parties are changing. Optometry must address the changes, or risk being left behind.

Currently, the general practice of optometry is the only prescribing doctoral-level health care profession that does not have a board certification process for the practitioner in general practice. While the College of Optometrists in Vision Development (COVD) administers a program that leads to board certification, there is currently no program for initial and ongoing measurement of competence beyond entry level for the OD in general practice.

There is also a growing interest by managed care organizations and federal programs to address employer and patient inquiries regarding the quality of care offered. One option available to them is to consider requiring board certification for participation on a panel.

The health care community is also seeing new legisla-

tive initiatives, most recently introduced in Virginia, to accomplish this end result. Legislation that was introduced in Virginia was not introduced by the profession or by the legislature. It was instead introduced by a local AARP affiliate. AARP is probably the single most dominant citizen advocacy group today. These initiatives seek to ensure that health professionals have demonstrated ongoing competence.

There are also states that have started to propose laws for study commissions to look at requiring board certification as a condition of license renewal.

In 2006, as a result of proposed legislation, the governor of Washington created a work group that is looking at requiring continuing competence for MDs.

Additionally, in Oklahoma, discussions were held in the 2008 legislature to require board certification of pediatricians, though no action was taken.

Additionally, many organizations at the recent Optometry 2020 Summits chose preferred futures that were related to advanced competence and/or board certification.

So at this point, you have managed care organizations, federal regulatory agencies, state governments and the public all at various stages of working to ensure that health care is of high quality and that the costs are controlled. They all are recognizing that being able to demonstrate continued competence may serve as an important component of addressing these quality and cost challenges.

Q: Who is asking for board certification?

A: Consumers, managed care organizations, federal regulatory agencies, state legislatures, insurers, the government and other third parties are the driving forces behind this change.

Q: Why is board certification being asked for by those outside the profession?

A: Our research and experience indicate that consumers want assurance that their doctor has maintained the knowledge, skills and experience necessary to deliver quality patient care.

The federal government believes a process like board certification can better ensure quality of outcomes (better quality of care) and thereby control health care costs.

Third-party payers believe they can provide better care to their enrollees, control costs and capture more of the market with a program like board certification.

Additionally, managed care organizations, state and federal regulatory agencies and patients are all working to find a way to control the cost and improve the quality of health care. They recognize that board certification may serve as an important component to address these issues.

Q: Is the AOA driving this process?

A: No. This is a professionwide effort with input and direction from representatives of six optometric organizations comprising the JBCPT that include the American Academy of Optometry (AAO), the AOA, the American Optometric Student Association (AOSA), the Association of Regulatory Boards of Optometry (ARBO), the Association of Schools and Colleges of Optometry (ASCO) and the National Board of Examiners in Optometry (NBEO).

Representatives were appointed by these organizations to propose a model process for board certification for the profession to discuss and evaluate. It is important to note that none of the organizations involved in this project has voted to adopt board certification. They have only voted to form a joint team to study the issue and propose a format that can be considered by the various stakeholders and

then the profession.

Although the AOA will likely have representation on any certifying board, just as the other organizations, the AOA will not be the certifying entity and will not control the process.

Q: What is the role of the Joint Board Certification Project Team?

A: This is not a decision-making body, but a project team with input from the representatives of their respective organizations.

The JBCPT is charged with developing and proposing an attainable, credible and defensible model for board certification in optometry and maintenance of certification. The model will establish standards for voluntary board certification and maintenance of certification in the practice of optometry and will communicate information about these standards to support the public's quest for high quality health care.

The model process for board certification proposed by the project team will be evaluated by each of the professional organizations that will then decide whether to approve or reject it.

Q: What sort of background work and research has been done to help the JBCPT begin to look at development of a framework?

A: The JBCPT studied more than 3,000 pages of background materials including other health care board certification models, industry standards and pre-qualification requirements for third-party payers and managed care providers and various legislative initiatives related to continued competence. It also conducted a series of focus groups to provide additional insight and feedback to the project team during the development process.

Q: Have any ODs been rejected from plans because they weren't board certified?

A: To our knowledge, no optometrists have been excluded from plans or rejected due

to a lack of board certification. However, independent Web sites, such as www.healthgrades.com, and others are already using board certification as a means to pre-qualify a patient's search for a physician.

These sites are expected to proliferate and be provided at no cost to consumers.
Additionally, the Centers for Medicare & Medicaid
Services (CMS) require
"board certification" in order for a provider to be part of the CMS sponsored and paid-for medical home program.

The program is currently limited to MDs/DOs.
Programs such as the Physician Quality Reporting Initiative (PQRI) and Pay for Performance may require board certification in the future

Q: If there aren't any ODs who have been rejected so far, why should we go through all this?

A: Optometry cannot afford to wait until it's too late. Health care is evolving, and the expectations for providers are changing.

Optometry is currently the only prescribing doctoral-level health care profession (other than the relatively new Doctorate of Nursing) that does not have a process such as board certification for individual providers to use as a measure of continued competence beyond entry level. All other doctoral-level prescribing professions have it.

Optometry must address the changes, or risk being left behind. The lack of board certification for optometrists may hinder optometrists' ability to be accepted in managed health care plans and put optometrists at a disadvantage when applying for panels or being listed on health care "score cards."

It may also mean being left off PQRI and Pay for Performance programs in the future as well as limiting provider opportunities with the medical home program. There is a lot at stake for optometry.

Quality,

from page \bar{l}

when health care policy is set. It also indicates the AMA is coming to grips with modern health care concepts that by necessity will require greater inclusiveness among health care providers as well as greater quality and efficiency."

The AMA established the consortium in 2000 as public and private health insurance plans began developing health care quality improvement programs in an effort to improve patient outcomes and safety.

The consortium is intended to provide a means through which health care practitioners take a leading role in the development, testing, and maintenance of evidence-based clinical performance measures and measurement resources for their health care disciplines, according to the AMA Web site.

The consortium comprises more than 100 national medical specialty groups and state medical societies; the Council of Medical Specialty Societies; American Board of Medical Specialties and its memberboards; experts in methodology and data collection; representatives of the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services.

Last month, the AOA was invited by the AMA to join the consortium as a voting member.

William W. Hately,
O.D., the chair of the AOA
Commission on Quality
Assessment and
Improvement (CmQAI),
credits the invitation to the
work of commission members and AOA staff who have
been regularly participating
in consortium meetings as
non-voting members over the
past two years.

The AOA will have full voting privileges and will be able to take an active role in establishing health quality measures and related policy, Dr. Hately noted.

In addition to establishing the quality measures themselves, the consortium helps to develop continuing education courses and other programs to assist practitioners in implementing those measures.

The consortium is led by a 23-member executive committee — with advisory committees addressing issues related to measures implementation and evaluation; measure development, methodology and oversight; and planning. All of the members now on consortium committees are medical doctors or, in a few cases, statisticians or health policy experts.

The AOA will identify a primary and secondary representative of the AOA to attend consortium meetings.

In addition, the AOA is served by volunteers, Marcus Piccolo, O.D., and Murray Fingeret, O.D., who serve on the Eye Care Working Group of the Consortium, according to G. Timothy Petito, O.D., a

CmQAI member who has been attending PCPI meetings as a non-voting AOA representative and serves on the consortium's Screening and Preventive Care Working Group.

The consortium has already developed a list of 252 performance measures, covering a total of 36 clinical topics or conditions including eye care.

Current eye care measures include primary openangle glaucoma, cataract and age-related macular degeneration.

These measures were developed by the PCPI Eye Care Work Group with input from the AOA, American Academy of Ophthalmology, American Society of Cataract and Refractive Surgery and other experts in measure development.

The AOA Clinical Care Group offers its Optometric Clinical Practice Guidelines and Quick Reference Guides, which now cover 20 topics and conditions from "Comprehensive Adult Eye and Vision Examination" to "Care of the Patient with Learning-Related Vision Problems."

Dr. Hately believes those AOA clinical guidelines will prove a valuable resource for the consortium when considering developing new meas-

"For two decades, the AOA Optometric Clinical Practice Guidelines have provided reliable clinical guidance based on a consensus of leading practitioners, sound scientific evidence, and regular updates to incorporate the latest developments in care." Dr. Hately said. "Now, through full membership in the PCPI, the AOA not only offers these guidelines as a resource to the larger health care community, it can help ensure that the standards to which optometrists will be held under quality measurement programs like the PQRI are developed with input from optometrists."



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Three seminars are planned for this Spring:

March 12, 2009 – Dallas, Texas
Presented at the Southwest Council of Optometry
InterContinental Hotel Dallas

April 22, 2009 – Las Vegas, Nevada Presented at the MWCO Annual Congress Westin Casuarina Hotel

June 24, 2009 – Washington, D.C. Presented at Optometry's Meeting® Gaylord National®

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EYE ON WASHINGTON



Obama signs SCHIP expansion, calls for action on children's vision

he AOA has recognized and commended President Barack Obama for singling out the importance of eye and vision care as he signed an historic expansion of the State Children's Health Insurance Program (SCHIP).

"No child should be falling behind at school because he can't hear the teacher or see the black-board. I refuse to accept that millions of our children fail to reach their full potential because we fail to meet their basic needs," said President Obama as he signed the bill into law during a Feb. 4 White House ceremony.

The four-year reauthorization of SCHIP, approved

by Congress on Jan. 29, will expand eligibility and funding to cover approximately 11 million children nationwide. Currently, SCHIP provides health coverage — including eye and vision care benefits set by the states — to about 7 million children of disadvantaged and low-income families. The reauthorization provides an additional \$32.8 billion for children's health care over the next four and a half years.

"Optometry commends President Obama for recognizing from the start of his term the essential link between healthy vision and learning," said Peter H. Kehoe, O.D., president of the AOA. "The AOA has worked to make children's vision a top health care priority in Washington, D.C. "The president's statement, the significant expansion of SCHIP and the recent reintroduction in Congress of the AOA-backed Vision Care for Kids Act demonstrate that progress has been made, but there's still more work to be done."

SCHIP was created in 1997 as a joint federal-state program to provide health insurance to children whose families cannot afford private health insurance but earn too much to qualify under the Medicaid program. It was initially funded at \$40 billion, to be spent over 10 years, and has been credited with reducing the number of children in the nation without health

CMS confirms ODs not required to provide ABN to Medicare beneficiaries

he AOA Washington office has contacted officials from the Centers for Medicare & Medicaid Services (CMS) to gain needed clarification on the use of an Advance Beneficiary Notice of Non-Coverage (ABN) by Medicare Part B participating ODs when furnishing eyeglasses or contact lenses to Medicare beneficiaries.

In a thorough response, CMS officials made clear that ABNs are not required prior to furnishing eyeglasses. Currently, Medicare pays for one pair of conventional eyeglasses or contact lenses furnished subsequent to each cataract surgery with the insertion of an intraocular lens

As a result, the CMS has concluded that the ABN is

not required for post-cataract eyeglasses or contact lenses because the provider has no reason to anticipate non-coverage.

CMS officials continued to explain that the ABN would also not be required if the beneficiary is seeking an additional pair of post-cataract glasses/contact lenses, because the statute specifies that only one pair is covered.

In addition, ABNs are not required for beneficiaries who have not had cataract surgery because the statute specifically limits coverage to one pair following cataract surgery.

The ABNs are not required in these situations because such denials do not trigger beneficiary liability protections.

However, the CMS adds, an ABN could be delivered voluntarily as a courtesy to patients to inform them that Medicare will not pay, but again it is not required. For example, the ABN could be delivered prior to furnishing a refractive service informing the beneficiary that Medicare does not cover routine eye care.

If the beneficiary chooses Option 1, asking to have a claim submitted to Medicare, the provider must submit the claim. Once the claim is denied, it can be submitted to the beneficiary's secondary insurance.

Question or concerns may be directed to Rodney Peele, AOA assistant director for regulatory policy and outreach, at *rpeele@aoa.org* or 800-365-2219 ext. 1348.

AOA congressional testimony targets Medicare fee cut, enrollment issues

Representing the concerns of thousands of optometric practices from around the country, the AOA secured a key slot to provide testimony to the U.S. House Committee on Small Business for a hearing titled "Health Care Reform in a Struggling Economy: What is on the Horizon for Small Business?"

The written testimony primarily focused on the need to address flaws in the existing health care system as a fundamental first step toward achieving wider health care reform. In particular, the AOA urged Congress to fight for thousands of small business optometric practices by reversing the trend of dwindling payments from federal health programs and working to overhaul the broken Medicare provider enrollment process, which is having a devastating impact on small business health providers.

For the past seven consecutive years, the AOA has partnered with pro-optometry members of Congress to intervene and prevent massive cuts in Medicare physician payments. Last year, AOA-backed legislation provided an 18-month temporary reprieve from physician fee cuts complete with a positive payment update. However, ODs and other Medicare physicians are now facing a 21 percent Medicare reimbursement cut scheduled to take effect Jan. 1, 2010.

In testimony, the AOA stressed that ODs and other providers cannot continue to shoulder the burden of rising practice costs, increased regulation and dwindling payments. The AOA urged Congress to work with doctors of optometry and other physicians to prevent the looming 21 percent fee cut and develop a pathway for an equitable and lasting replacement of the flawed Medicare payment formula.

In addition, the AOA underscored the disastrous effect that the broken Medicare enrollment process is having on many small business optometric practices. In fact, current enrollment requirements and procedures discourage and often prevent optometrists from providing care for Medicare beneficiaries by placing undue financial and administrative burdens on small business health care providers, which ultimately reduces access to care.

Congress was urged to work with the AOA and the Small Business Administration (SBA) to review the entire Medicare enrollment process for its financial and administrative burden. The AOA made it clear that fixing the enrollment process will allow Medicare contractors to return their focus to proper claims payment and oversight.

In addition to this effort, the AOA has reached out to the SBA Office of Advocacy to raise concerns over ongoing Medicare enrollment issues and problems and is now urging Congress to review and repair the oppressive enrollment process.

Doctors with concerns are asked to provide documentation of enrollment or re-enrollment issues to Rodney Peele, AOA assistant director for regulatory policy and outreach, at rpeele@aoa.org or 800-365-2219, ext. 1348.

EYE ON WASHINGTON



AOA forging path to certification for eye EHRs

ptometrists could begin purchasing specialized electronic health records (EHRs) systems for their eye care practices - with the assurance that those records programs have been properly certified for use in the government information-sharing networks eligible for government incentive programs – by 2011, according to the Certification Commission for Healthcare Information Technology (CCHIT), the entity in charge of approving health records programs for the network.

However, the AOA, American Academy of Ophthalmology (AAO), and American Society of Cataract and Refractive Surgery (ASCRS) all want the commission to help make certified EHR programs available to eye care practitioners much sooner.

The three organizations took part in Vision Health Information Technology Summit in January. All three have expressed commitment to working jointly on eye care EHR certification.

The availability of CCHIT-certified eye care EHR programs would make it practical for more optometrists to begin taking advantage of federal and state incentive programs for health care practitioners who implement EHR programs, according to the AOA Advocacy Group.

To qualify for those incentive programs, EHR software must be CCHIT-certified. However, because CCHIT has not yet established certification criteria for eye care EHR programs, there are no certified eye care EHR programs on the market, the AOA Advocacy Group notes.

Eye care practitioners can opt to use EHR programs for general practice officebased physicians that have been certified by CCHIT; most optometrists and ophthalmologists believe such general practice EHR programs are not well suited to their practices and would prefer to have EHR programs that have been developed by software houses that specialize in eye care practice software.

In addition, the sooner certified eye care EHRs become available to practitioners, the sooner practitioners can begin readying their offices for participation in health information-sharing networks, the AOA Advocacy Group notes. Congress and the Obama administration are committed to expanded use of online health information networks and EHRs, possibly as soon as 2014.

In December, the AOA, AAO and ASCRS jointly petitioned the CCHIT to begin offering certification for eye care EHR programs. The commission had previously indicated that it would not consider certification of eye care EHRs unless it had the unified support of organized optometry and ophthalmology.

The CCHIT subsequently included eye care EHRs in a Jan. 15 Draft Roadmap for Health IT Certification. In that document, the commission proposed a three-year timetable with research on eye care EHRs to be conducted this year, development in 2010 and "launch" in 2011.

Through that research and development process, the commission plans to determine standards for the information that can be entered in the EHRs, information that will be required (as opposed to optional), terminology to be accepted by the records programs, images that might be attached to the records, and other specifications.

However, in a Feb. 5 joint follow-up letter to the commission, the AOA, AAO and ASCRS all asked the CCHIT to accelerate its timetable for eye care EHR certification by at least a year. In the case of eye care EHRs, much of the development work has already been accomplished, the three organizations agree.

Several well known and respected eye care practice software makers have already developed EHR programs that are both highly tailored to eye care practice and specifically designed for use with the government's planned Nationwide Health Information Network (NHIN), the joint letter states.

All those software makers really need to begin making those eye care EHR programs available to practitioners is commission certification that the programs will meet NHIN requirements, according to the letter.

A proposed eye care EHR format has been developed by a vendor-clinician workgroup, using CCHIT criteria for ambulatory care EHRs and an Eye Care Functional Profile developed by the internationally recognized health care standards organization Health Level 7 (HL7).

"The eye care specialty has been in the vanguard of health information technology, with several standards already developed for terminology (SNOMED), digital imaging (DICOM) and interoperability (IHE Eye Care)—all through consensus building within efficiently working clinician-vendor workgroups," the letter states.

In developing their EHR programs, software houses that specialize in eye care practice programs "have focused on the unique needs of eye care and have created workflows and data input screens to fit our needs," notes the joint AOA-AAO-ASCRS letter to the commission.

"Eye care providers wish to have the certainty of CCHIT certification when they make their purchase decisions," the letter notes.

However, unnecessary delays in implementing a certification process will mean that optometrists and ophthal-

McVeigh named to CCHIT committee

Ret. Col. Francis L. McVeigh, II, O.D., chair of the AOA Health Information Technology and Telemedicine Committee, has accepted an invitation to represent the AOA on the Certification Commission for Healthcare Information Technology (CCHIT) Eye Care Workgroup Steering Committee, which will be composed of representatives of government agencies (including the Department of Defense, Indian Health Service, Veterans Health Administration), ophthalmic subspecialty organizations, optometric organizations, and eye care Electronic Health Record vendors.

mologists will not have appropriate EHR programs for at least the next couple of years – and perhaps not for some time after that, the letter warns.

Because CCHIT certification is required for most EHR incentive programs, many private sector and government health programs already require CCHIT-certified software.

As a result, many specialized eye care software houses "are already losing contracts and sales because of the lack of incentives and the lack of certification," the letter notes.

"This situation will only be aggravated in the near future as these eye care-only EHR vendors will essentially be shut out of the market," the letter continues "Many will not survive."

Should that happen, "there may not be any specialized eye care EHRs left for use by eye care professionals," the letter concludes.

New ID requirements for Medicare carrier contact

Beginning in March, health care providers will be required to provide additional authentication information when they contact Medicare carriers or other Medicare payment contractors, according to a new policy announced late last year by the U.S. Centers for Medicare & Medicaid Services (CMS).

Health care practitioners who contact carriers to check on claim status or other matters will be required to provide:

- A National Provider Identifier (NPI);
- The Provider Transaction Access Number (PTAN); and
- The last 5-digits of the practice's (or the practitioner's) tax identification number (TIN).

The new requirements will be applicable to both practitioners who personally contact a carrier's customer service representatives to obtain information and those who use the Medicare interactive voice response (IVR) system.

The AOA suggests practitioners have the necessary information readily available when contacting Medicare payment contractors and make sure their staffs are aware of the new requirements for provider authentication.

For more, see the Medicare Learning Network (MLN) Matters article, "Implementation of New Provider Authentication Requirements for Medicare Contractor Provider Telephone and Written Inquiries" (MM6139), at www.cms.hhs.gov/MLNMattersArticles/downloads/MM6139.pdf

66 When you are on the road all the irrelevant things fall away - it becomes the road, the bike, and you. It's about dedication, motivation, and moving forward. Working together with Luxottica compliments my guiding philosophies and has been essential to my success. DR. ROBERT REED JR. All Eyes, Optometry St. Joseph, MI Luxottica WORKING TOGETHER

Nearly 1,200 attain Paraoptometric Certification

ongratulations to the 1,180 paraoptometrics who passed the CPO, CPOA, or CPOT (written or practical) certification examination in 2008.

More than 1,418 candidates met the criteria to sit for an AOA Commission on Paraoptometric Certification (CPC) examination.

Launched eight years ago, the AOA Paraoptometric Certification program continues to grow and examinations are administered across the nation to nearly 1,500 candidates yearly. Certification appears to be growing fast thanks to the many AOA affiliates or regional conferences that continually host the examinations.

All examinations (with the exception of the CPOT Practical) were offered on nearly 40 separate dates during 2008 at several AOA affiliate, regional conferences, and established regional examination sites.

An annual study of examination candidates and demographics is conducted yearly.

Certified Paraoptometric (CPO) **Examination**

The CPO examination includes 100 multiple choice questions, and a minimum score of 75 percent is required to successfully pass. A total of 935 candidates sat for the CPO examination in 2008; 86 percent passed the examination on the first or second try. The high scores

were 100 percent; 40 percent was the low.

Subject matter includes: Basic Science, Clinical Principles and Procedures, Ophthalmic Optics and Dispensing, and Professional Issues. In 2008, 133 (14 percent) of CPO candidates failed, usually faring worst in ophthalmic optics and dispensing, clinical principles and procedures, and basic science. Candidates scored an average of 75.5 percent in the professional issues subject matter area.

Overall, 89 percent of CPO candidates are employed at a private practice. Of the 833 candidates in this category, 712 or 85 percent passed on the first or second attempt.

Candidates must have a high school diploma or its equivalent. However, 26 percent of CPO candidates hold an associate, bachelor's, or post-graduate degree.

Most candidates are female and 30 to 39. North Carolina had the highest number of CPO candidates (111) in 2008.

Certified Paraoptometric Assistant (CPOA) **Examination**

The CPOA examination includes 225 multiple choice questions, and a minimum score of 67.5 percent is required to pass. A total of 291 candidates sat for the CPOA examination in 2008; 87 percent passed on the first or second attempt. The high score was 213 (94 percent) and the low score was 123 (55 percent).

Subject matter includes: Practice Management, Ophthalmic Optics and Dispensing, Basic Procedures, Special Procedures, Refractive Status of the Eye and Binocularity, and Basic Ocular Anatomy and Physiology.

In 2008, 38 (13 percent) of CPOA candidates failed. Their percentage scores were well below passing level in ophthalmic optics and dispensing. Just under 90 percent of CPOA candidates are employed at a private practice. Of the 259 candidates in this category, 228 passed on the first or second attempt.

All candidates must hold a minimum of a high school diploma or its equivalent. In addition, candidates must have passed the CPO examination, be currently enrolled

as a student (in final semester) or a graduate of an approved optometric assistant program or have worked five or more years and/or hold a current ABO, NCLE, or JCAHPO certification. Most candidates meet the eligibility requirement with Option 1. And, 27 percent hold an associate, bache-

lor's, or post-graduate degree.

Most are female and between 30 and 39. Both Florida and Minnesota had the highest number of CPOA examination candidates (23)

practical examinations. One exception: candidates who are currently enrolled as a student (in final semester) or are a graduates of an ACOE approved optometric technician program only need to pass the CPOT written examination to be fully certified. The annual high score was 218 (87 percent) and the low was 111 (44 percent).

Paraoptometric

(CPOT) Written

The CPOT examination

includes 250 multiple choice

required to successfully pass.

questions, and a minimum

score of 66.8 percent is

Examination

Technician

A total of 154 candidates sat for the CPOT written examination in 2008; 58 percent passed on the first or second attempt. And, 36 percent of these individuals hold an associate, bachelors, or

Subject matter includes: Pre-Testing Procedures, Clinical Procedures,

of CPOT candidates failed. Of those who failed, percentage scores were well below passing level in the clinical procedures subject matter

Dispensing, Refractive Status

Anatomy and Physiology, and

In 2008, 64 (42 percent)

of the Eye and Binocularity,

Practice Management.

area and scored low in oph-The candidates must pass thalmic optics and dispensing, and refractive status of the

eye and binocularity. The

average for both passing and

failing candidates is just 61

dures area.

percent in the clinical proce-

Overall, 51 percent of

employed with a branch of

the military while 33 percent

are private practice employ-

ees. Of the 51 candidates in

this category, 30 passed on

the first or second attempt.

There are two ways in

which one can meet the eligi-

bility requirements to sit for

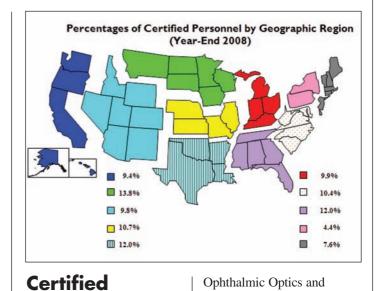
Eligibility option 1 includes

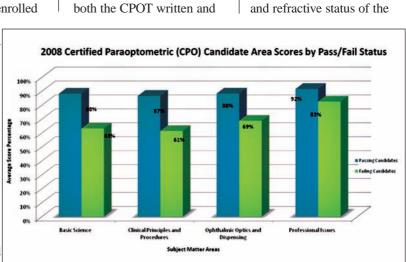
passing the CPOA examina-

the CPOT examination.

tion. Eligibility option 2 requires candidates to be cur-

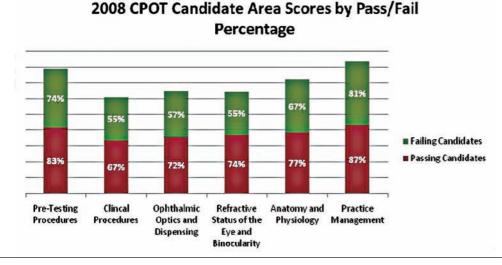
CPOT candidates are





Failing Candidates ■ Passing Candidates post graduate degree.

See Scores, page 13



APHA Vision Care Section honors ODs

Siu Wong, O.D., chair of the American Public Health Association's Vision Care Section (VCS) Awards Committee, showcases the memorial album for Mort Silverman, O.D.

This year, the VCS
Student Award was
re-named The Morton
W. Silverman
Outstanding StudentPaper (Project)
Award.

The section started an album dedicated to Dr. Silverman, who passed away last year.

The VCS thought a memorial album would be a testimonial to how all VCS members and the wider OD community admired and respected Mort – a true public health pioneer in optometry.

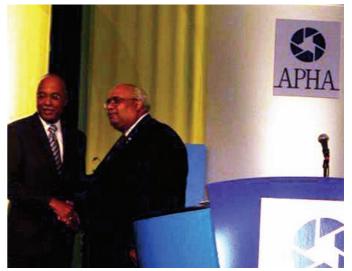


he Vision Care Section (VCS) of the American Public
Health Association (APHA) held its fall assembly at the APHA's annual meeting in San Diego last year. While at the meeting, the VCS announced the winners of the 2008 VCS awards and honors.

Melvin D. Shipp, O.D., DrPH, MPH, was honored with the 2008 APHA Executive Director's Citation for his outstanding work with the association. The award was presented to Dr. Shipp by Georges Benjamin, M.D., APHA executive director, at the annual awards ceremony and reception.

Norman Bailey, O.D., MPH, received the Distinguished Service Award, which is presented to a person, institution or group who has made an outstanding contribution or demonstrated continual high quality service in the area of public health eye/vision care.

In addition, Greg Hom, O.D., was recognized for his outstanding leadership as



Melvin D. Shipp, O.D., DrPH, MPH, was honored with the 2008 APHA Executive Director's Citation for his outstanding work with the American Public Health Association. The award was presented to Dr. Shipp by Georges Benjamin, M.D., APHA executive director, at the annual awards ceremony and reception.

chair of the Vision Care Section.

The mission of the Vision Care Section is to promote health and well-being with emphasis on vision and eye health through interdisciplinary partnerships. The VCS serves as an advocate to ensure equality in, and access to, vision and eye health care

and to ensure inclusion of vision in public health policy.

For additional information on the VCS, go to http://www.apha.org/membergroups/sections/aphasections/vision/.

The VCS encourages all optometrists to become members and support APHA vision initiatives.

Scores,

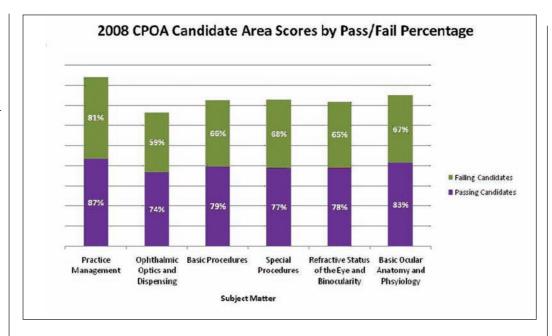
from page 12

rently enrolled (in the final semester) or to have graduated from an ACOE-approved optometric technician program. Most candidates for meet the eligibility requirement with option 1.

Most candidates are between 30 and 39.

Certified Paraoptometric Technician (CPOT) Practical Examination

The practical examination includes three separate stations. There are more than 170 items that the examiner reviews. At station one, candidates must take a thorough case history and perform various testing procedures. At station two, candidates must be



able to handle application and removal of contacts from a patient's eyes.

Additionally, eye drop instillation and blood pressure taking skills are required. Station three requires candidates to take an accurate PD measurement and neutralize two pairs of spectacles.

A total of 38 candidates were administered the CPOT practical examination in 2008; 92 percent passed on the first or second attempt.

All CPOT practical examination candidates in 2008 are employed at a private practice.

Eligibility requirements mirror those for the CPOT written examination.

Candidates must successfully pass both the written and practical examination. Candidates who are enrolled (in final semester) or are graduates of an ACOE-approved optometric techni-

cian program are exempt from taking the CPOT Practical Examination. Upon passing the written examination, they are fully certified as a Certified Paraoptometric Technician (CPOT).

All levels of certification require maintenance that includes 18 hours of documented continuing education in a three-year period.

For more information, contact the CPC office at 800-365-2219, ext. 4210 or view the AOA Web site at www.aoa.org.

CIBA Vision has provided grants to help support the Paraoptometric
Certification program for nearly eight years. Through their generous support, the CPC continues to offer the only certification available to paraoptometrics in the United States, Canada, and the Armed Forces.

Free nutrition, eye health kit offer



The AOA, working in partnership with Kemin and DSM Nutritional Products, will be promoting the importance of caring for the eyes through proper nutrition during Save Your Vision Month in March. To help educate patients on the relationship between diet and eye health, a new member kit is available for display in-office. This free member kit includes:

- Clear acrylic counter card with brochure pocket
- Two counter card inserts
- Two pads of the "Recommended Nutrients for Healthy Eyes" brochure
- Template news release

To order a kit, visit www.aoa.org/syvm-kits.xml and complete the requested information. Simply click submit, and your order will then be shipped to your office. Please allow five to seven business days for delivery.

Are you getting a First Look at the news?

Subscribe to AOA First Look, a summary of the day's news about eye care and medicine, delivered to your email inbox every morning. It's a free benefit exclusively for AOA members. To subscribe, send a note to addresschange@aoa.org.

Registration open for Optometry's Meeting®

AOA members and non-members alike can now register to attend the best value meeting in the industry. Online registration is open at www.optometrysmeeting.org.

Optometry's Meeting® 2009 will convene at the Gaylord National® Resort & Convention Center, just outside of Washington, D.C., from June 24-28.

AOA and AOSA members who register for Optometry's Meeting® and use the official housing bureau during the early-bird registration period will be entered to win a complimentary base registration and up to four nights' hotel stay for the 2009 Optometry's Meeting®. The winner will be drawn on April 2 and will be contacted by the AOA.

Visit www.optometrysmeeting.org to register.

FDA

from page 1

bacteria and fungi, Dr. Klein said.

In spite of technological advances in contact lens care products over the past 20 years, there has been little substantial improvement in reducing the rate of microbial keratitis among contact lens wearers, Dr. Klein noted.

That is in part because the *Acanthamoeba* and other lens-related bacteria continually adapt, making them difficult to guard against, Dr. Klein said.

Current FDA testing fails to include the Acanthamoeba parasite as part of its standard testing process, despite numerous *Acanthamoeba* and *Fusarium* keratitis incidences among lens wearers in late 2006 and 2007. To help protect consumers from infections and other complications, the AOA has been urging the agency to expand current testing practices to include the harmful parasite.

"Our participation in this important workshop indicates that we strongly support the FDA in making changes to help protect the sight of Americans," said William Benjamin, O.D., member of the AOA's Commission on Ophthalmic Standards. "We encouraged the FDA to require products be tested under more realistic conditions, when feasible, and in situations where lens wearers are not compliant with a doctor's instructions."

During the workshop, participants reached consensus on testing parameters and new criteria for disinfection efficacy test methods. Specifically, the working group found agreement on the particular *Acanthamoeba* parasite species and strains to test as well as an acceptable threshold for disinfection efficacy.

The FDA has announced that it will release the results of the workshop on the FDA Center for Devices and Radiological Health Web site. In addition, doctors of optometry and other workshop participants are committed to continue working with agency officials to further develop the new standards and implement needed changes to better pro-

tect contact lens patients.

In addition to the AOA and the FDA, workshop participants included representatives from the American Academy of Ophthalmology (AAO), the American Academy of Optometry (AAO), and the Contact Lens Association of Ophthalmologists (CLAO). AOA representatives Dr. Benjamin and Christine Sindt, O.D., emphasized the importance of stricter standards for contact lens solutions, including changes in current no-rub policies, pre-market testing of products, and changes in labeling of products.

"We are also asking the FDA to require an expiration date on bottles of solution. Currently, the FDA does not require a mandatory discard date after opening," said Dr. Benjamin. "The only current requirement is that the solution must have a preservative or be packaged to reduce contamination. This has been confusing for both patients and doctors."

AOA membership info delivered electronically

By the end of February, all active AOA members with e-mail addresses on file should have received their 2009 membership card, census and certificate via e-mail.

In an effort to expedite distribution and afford easy updates to member data, the AOA has gone electronic.

Look soon for an e-mail titled "AOA membership card and census" – complete with links and instructions.

Active AOA members with no e-mail address on file will receive their 2009 materials in hard copy format via regular mail. They can also log on to www.aoa.org, update information, complete the census electronically, and download and print their 2009 membership card and membership certificate.

The departure from hardcopy to electronic format permits:

- Online review and update of membership records
- A new level of convenience
- Substantial cost savings dollars spent on mailing are redirected to programs that advance the profession of optometry

Throughout the year, hard copy membership cards and certificates will still be mailed to:

- New AOA members included in their new member kits
- Optometry students distributed by the AOSA trustees
- Active members without e-mail addresses
- Active members who request their materials in hardcopy format

Although it's a major change from the traditional U.S. Postal mailing, the electronic conversion of AOA membership materials is designed to better serve members with added convenience and cost efficiency.

H V Z D S

SPOTLIGHT ON AOA MEMBERS

Doctor's vision therapy on grandson draws Super-sized attention

obert Johnson, O.D., just wanted to help his grandson do better in school. As it turned out, he helped him make more than 1,400 catches in the National Football League (NFL) last season, including two receptions for touchdowns in the Super Bowl and another two in the Pro Bowl.

Dr. Johnson's grandson is Arizona Cardinals wide receiver Larry Fitzgerald.

When Fitzgerald was 8 years old, he and his brother began spending part of their summer vacations with their grandfather at his Chicago optometric practice.

"Him catching the ball is a sequel to him working on fusion," said Dr. Johnson. "He had a lot of natural ability, but he learned to take snapshots and get the ball at the highest point. But his training was originally done to help him with reading."

When he was younger, Fitzgerald's mother thought he

had an attention problem and needed vision therapy.

"Larry said in school he spent his time thinking about 'getting around the guy guarding me," said Dr.
Johnson. "So we used that desire for vision therapy. We wanted to teach him, Larry, to see with his brain and not with his eyes."

Dr. Johnson co-founded the Plano Vision Development Center with Henry Moore, O.D., in 1959 with a goal to identify, evaluate and treat economically disadvantaged children who have underdeveloped and/or inefficient vision information processing systems.

The center focuses on behavioral optometry and the link between the total vision information processing system and learning and development.

"With him, we did a lot of syntonic work," said Dr. Johnson. "We used yoked prism to make his whole



Dr. Johnson with grandson Larry Fitzgerald in Tampa, Fla., over the Super Bowl weekend.

Editor's note

AOA News is highlighting the admirable charitable work and exceptional patient care that distinguishes members of the American Optometric Association.

Got a story to share?

Drop a line to RAFoster@aoa.org.



Dr. Johnson said vision therapy with his grandson included having a ball coming at him that contained letters he would have to distinguish.

world change and then recover. We did not only convergence work, but we'd have letters on a ball coming at him and have him pick out the letters. We used the walking rail and a trampoline so he could learn to make adjustments in the air. We did more than exercises. For after-image work, we would shine a bright light and have him close his eyes and be able to still see the image."

Just before the Arizona Cardinals played in Super Bowl XLIII, the *Wall Street Journal* published an article on Fitzgerald. The wide receiver was an integral part of Arizona's success in making it to the Super Bowl.

In the article, Fitzgerald acknowledges the importance of the training by his grandfather.

"When you're at that age, anything that helps strengthen your eyes and eye-hand coordination is going to definitely help with catching the ball," Fitzgerald said.

In the article, Joan Vickers, Ph.D., a cognitive psychologist from the University of Calgary and developer of the Quiet Eye™ system, discusses many of the visual skills needed to play at a professional level in sports and emphasizes the importance of sports vision training.

The article also notes
Fitzgerald's work as a ball
boy for the Minnesota Vikings
in his teenage years.
Fitzgerald's father, Larry
Fitzgerald, Sr. is a sportswriter who helped him get the
job.

Fitzgerald's ability to be on the sideline and watch thousands of passes tossed to NFL players may have helped him accumulate a "catalog of millions of impressions that would take most athletes years to build," according to Dr. Vickers.

Fitzgerald was named Most Valuable Player at the NFL Pro Bowl on Feb. 8.

To view the Wall Street Journal article online, visit http://online.wsj.com/article/SB1232078033432890 89.html.

Dr. Johnson continues to practice at Plano Vision Development Center along with his daughter Stephanie Johnson-Brown, O.D., and Joseph McCray, O.D.

The center is actively involved in promoting eye exams and treatment in the Chicago-area schools.

They have 15 lanes open within schools and take pride in personally delivering prescribed spectacles to children in school.

"In fact, we are delivering 509 pairs of glasses today, and we are going to teach the children, and their parents and teachers, how to wear them and when to wear them," said Dr. Johnson.

Dr. Johnson explained the involvement in the schools came after some hard-fought battles with those who said vision therapy does not work.

Another improvement came when the state passed a bill to allow Medicaid to cover part of vision therapy. The legislature was able to pass the bill after the governor refused to sign it.

"The key is getting the parents involved," said Dr. Johnson. "And they are also the tax payers."

For more information about Dr. Johnson's work, visit www.planovision.org.

Action starts early at Optometry's Meeting®

ptometry's Meeting® early birds will find exhilarating events and continuing education courses waiting for them when they arrive at the Gaylord National® Resort and Convention Center near Washington, D.C.

The AOA will offer Practice Transitions, a comprehensive one-day course covering the fundamental steps to successful change management, from 8 a.m. to 4 p.m. on Wednesday. (Lecturers: J. Gibbons, Ph.D.; M. Harris, O.D., J.D.; W. Nolan; J. Rumpakis, O.D., MBA; R. Schultz; K. Smick, O.D.)

The course, #1000, covers:

- Buyer/seller needs, wants and expectations
- The difference between 'buying out' and 'buying in'
- Financing and ownership

options

- Planning and preparation techniques
- How to find a knowledgeable and reputable attor-

Sponsors include: Alcon, Bausch & Lomb, CIBA Vision, Essilor, Hoya, Vistakon® Pharmaceuticals, Luxottica Group, Marchon, Optos, Transitions, VSP and VisionWeb.

The Wednesday Night Welcome Reception sponsored by Bausch & Lomb will kick-start the meeting with music, food, drink and fun from 7 p.m. to 8:30 p.m. (Register for function #0110.)

Also on Wednesday, AMO is sponsoring a free continuing education course titled "Redefining Quality of Vision: New Technologies Influencing Vision Care." (Moderator: T. Kislan, O.D.; Lecturers: P. Karpecki, O.D.;

W. Trattler, M.D.; T. Varnell,

Join the expert faculty panel reviewing the opportunities available in co-management and ocular surface management for the primary care optometrist. With so many new technologies on the horizon, "quality of vision" is being redefined for patients and for the eye care practitioner. Panel members will present new technology and innovative trends in cataract and refractive surgery.

AMO is sponsoring a reception immediately following the course for attendees to enjoy drinks and food while interacting with colleagues.

Before attending the Opening General Session with Bob Woodruff, sponsored by Essilor on Thursday morning, optometrists can enjoy free continuing education at a breakfast seminar.

Optos is sponsoring a free breakfast seminar, "Contemporary Care of the Patient with Diabetes," (Lecturer: J. Gerson, O.D.) Thursday from 6 a.m. to 7:30 a.m.

This course will not only discuss the ocular complications of diabetes, but also the basics of diabetes in order to set a foundation for more indepth discussion of retinal and other ocular pathology and their treatments. Register for course #B101.

VSP is sponsoring a free breakfast seminar, "Cheap **Marketing That Pays Off** Big Time," Thursday from 6 a.m. to 7:30 a.m. (Lecturer: G. Gerber, O.D.)

It's often said that 50 percent of marketing works, and the trick is knowing which 50 percent. This course shows you what works, why it works, and how to execute it on a limited budget. Register for course #B102.

Immediately following the Opening General Session, Alcon will sponsor "Optimizing Visual Performance...Changing the Quality of Lives, One Day at a Time," (Moderator: J. Sheedy, O.D.; Lecturers: M.

Bloomenstein, O.D.; R. Davis, O.D.; E. Camp; D. Kirschen, O.D.; L. Grover, O.D.) from 10 a.m. to noon.

In the quest to optimize visual performance, optometrists incorporate the latest scientific technology along with the art of human compassion.

Listen to the accomplishments of a few special doctors who are truly making a difference in affecting the quality of life for their patients. Register for course

OCuSOFT is sponsoring "Marginal Issues: Putting a Lid on Blepharitis," (Lecturer: A. Kabat, O.D.) from noon to 1 p.m.

This course provides new insight into common eyelid disorders, particularly blepharitis. Included in the discussion is a common-sense approach to differential diagnosis as well as a detailed review of current treatment options. Register for course #1112.

Marco is sponsoring "Practical Uses of **Automated Instrumentation** in Routine Diagnostic and Refractive Patient Care," course #1512, from noon to 1 p.m. (Lecturer: Lou Catania, O.D.)

There are no less than 20 things optometrists can do better, more efficiently, and more cost-effectively on the first day of introducing automated instrumentation into their day-to-day practice routine. From refraction, to spectacle and contact lens prescribing, to anterior segment diagnosis, learn how automation can benefit ODs and patients.

Paragon is sponsoring "The Design and Fitting of Specialty GP Lenses," course #1812, from noon to 1 p.m. (Lecturer: P. Caroline)

This course will review the wide range of modern innovations emerging in gas permeable lenses. A series of case histories will be presented showing the success of these new modalities in addressing the physical and optical needs of specific

patients.

CIBA Vision is sponsoring "New in Practice Series—Staff Management and Training," from noon to 2 p.m. A fee of \$15 includes lunch. (Lecturers: C. Fleming, O.D.; A. Kalra, O.D.)

This course will discuss how to get staff, keep staff, and have staff coming to you with ways to enhance patient care. Join us as we take a practical look at staffing from two doctors who live daily with the same challenges and staffing issues that you do. Register for course #0140.

Allergan is sponsoring "Ocular Surface Disease— Covering the Bases," course #1013, from 1 p.m. to 3 p.m. (Moderator: M. Dunbar, O.D.; Lecturers: J. Schaeffer, O.D.; E. Schmidt, O.D.; L. Sclafani, O.D.)

This panel of experts will provide an educational and entertaining discussion of these topics and how practicing optometrists can "own" these diseases in the area where they practice.

CIBA Vision is sponsoring "New in Practice Series **Starting From Scratch –** Leasing, Building Out, and Equipping a New Practice," course #0160, from 2 p.m. to 4 p.m. The course fee is \$10. (Lecturers: K. Davis, O.D.; D. Way, O.D.)

CooperVision is sponsoring "Enhancing Practice and Patient Success **Fitting Specialty Soft Lenses**," course #1315, from 1 p.m. to 3 p.m. (Lecturers: T. Quinn, O.D.; B. Townsend, O.D.)

Two renowned, highly successful practitioners will present cases that illustrate how the fitting of specialty contact lenses has enhanced the wearing experience of their patients.

First Insight is sponsoring "Improved Efficiency with EHRs in the Optometric Practice," course 1515, from 3 p.m. to 4 p.m. (Lecturer: J. Bailey, O.D.)

This course will briefly

See Early birds, page 17

AOSA events expanded at Optometry's Meeting®

The American Optometric Student Association highlights for the 2009 Optometry's Meeting® include a few

The Vision Care Institute™, LLC, is sponsoring the "Career Options Expo 2009: Marketing Diamonds— How to Market Yourself and Your Future Practice" (#S131) on Thursday from 3 p.m. to 5 p.m. (Lecturer: Gary Gerber, O.D.)

With a mix of rock-solid content, magic, and fun, Dr. Gerber will show students how to unleash the seven most powerful practice-building secrets he's used to help build hundreds of multimillion-dollar practices.

The Vision Care Institute™, LLC, will also present two \$595 travel grants per school at the lecture.

For more information about the travel grants, contact AOSA Executive Director Marlene Burle at 800-365-2219, ext. 4231 or e-mail mburle@theaosa.org. The deadline for submissions is April 1

TLC Vision is sponsoring the lecture "Eye Want the Hook Up!" (#S242) on Friday from 3 p.m. to 4:30 p.m. (Lecturer: Benjamin Akande, Ph.D.)

Webster University School of Business Dean Dr. Akande will help students learn networking pearls and polish their skills during this live interactive session.

After attending the TLC-sponsored lecture on Friday afternoon, students who attend the course are invited to the iConnect with TLC event.

The TLC student event features a funny, fast-paced, high-energy dueling piano show. Students can sing along to familiar songs with fellow optometry students for an unforgettable evening. Guests of students may register for code #0280 to get a ticket to attend.

Register at www.optometrysmeeting.org.

Early birds,

from page 16

review the Evaluation and Management Guidelines as mandated by the CMS and how electronic health records can benefit a practice from a compliance standpoint.

Inspire is sponsoring "Management Strategies in Blepharitis," course #1615, from 3 p.m. to 4 p.m. (Lecturer: M. Dunbar, O.D.)

This nuts-and-bolts course on blepharitis will discuss the various nuances in blepharitis and ocular rosacea as well as some novel new treatments for these conditions.

Synergeyes is sponsoring "Managing Presbyopia and Astigmatism with Contact Lenses," course #1815, from 3 p.m. to 4 p.m. (Lecturer: W. Choate, O.D.)

This course will present contact lens management options for these challenging patients including monovision with toric contact lenses, RGP multifocals, toric multifocal hydrogels, and hybrid designs. Positioning of patients with each system and clinical pearls for achieving success will be presented.

The Education Theater

will feature "Strategies for Minimizing Risk Factors for Your Contact Lens Patient -The Science and Facts," course #T131, sponsored by Alcon from 4:30 p.m. to 5:30 p.m. (Lecturer: A. Epstein, O.D.)

This course provides a discussion in developing key strategies to minimize risk factors for the contact lens wearer

One of the Education Theaters will feature the AMO-sponsored course themed "Complete Refractive Solution Theater."

AMO is sponsoring "Challenging Cases in Presbyopic IOL Surgery," course T133, from 4:30 p.m. to 6:30 p.m. (Lecturers: M. Bloomenstein, O.D.; D. Geffen, O.D.)

This course is intended for optometrists actively managing intraocular lens patients due to the advanced subject matter covered. The panel for this course will review difficult cases and treatment options for these challenges.

The theater will feature "Healthy Sight Counseling: Diabetes and the Eye," course #T132, sponsored by Transitions from 6 p.m. to 7

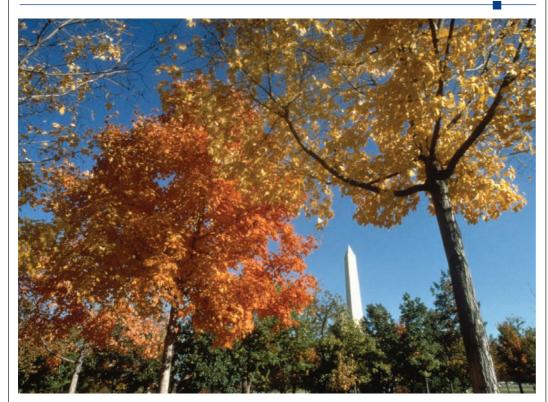
p.m. (Lecturer: J. Sherman, O.D.)

This course provides a comprehensive view of diabetes and its effect on the eye. It discusses the impact of diabetes on the patient; the implications of the disease on vision care and healthy sight; UV exposure; photosensitivity; and the use of modern spectacle lens enhancements to improve, help protect, and preserve healthy sight in the patient with diabetes.

The Exhibit Hall will officially open Thursday at 4 p.m. After the ribbon-cutting, experience Wines from Across the Nation, sponsored by Signet Armorlite.

Upon entrance into the Exhibit Hall, those eligible will receive a wine passport to participate in a wine tasting featuring wine from across our nation. At the last station, participants may select a full glass of their favorite. There will be wine and cheese stations throughout the Exhibit Hall. (Must be 21 years or older to participate.)

Registration and housing for Optometry's Meeting® is open. For information, visit www.optometrys meeting.org.



The Washington Monument, located in the west end of the National Mall, is shown in the fall. The monument is both the world's tallest stone structure and the world's tallest obelisk, standing 555 feet 5 inches. It was designed by Robert Mills, an architect of the 1840s. It was completed in 1884. The 2009 Optometry's Meeting® is near Washington, D.C. Photo: Jake McGuire.

Optometry's Meeting®:

the Best Value

By Allan Hudson, O.D. AOA Optometry's Meeting® Committee Chair

The 112th Annual AOA Congress & 39th Annual AOSA Conference: Optometry's Meeting® will take place at the Gaylord



National® Resort & Convention Center, near Washington, D.C., this June. Optometry's Meeting® is the premier industry event including: an amazing selection of continuing education, a tremendous Exhibit Hall featuring the latest technology and services for our profession, and unparalleled networking opportunities. From June 24 – 28, 2009, the Gaylord National® will host the most complete optometric meeting in our profession.

With the current economic climate, Optometry's Meeting® has increased its offerings. Included in your 2009 base registration fee are 28 FREE hours of OD continuing education to choose from. We assure you, our members, that we are doing everything possible to continue our tradition of providing the best value meeting available in our profession. Base registration and exhibiting fees were not increased this year. Hotel room rates are an exceptional deal for the Washington, D.C., marketplace. You can not afford to miss Optometry's Meeting® this year. Please register early to take advantage of this incredible opportunity!

As chair of the Optometry's Meeting® Committee, I have watched this event evolve into the best mix of professional and social interaction among optometric colleagues. Optometry's Meeting® truly has something for everyone and at a great value.

The AOSA will once again meet at Optometry's Meeting® and play an integral part in our success. This is the seventh year in which the AOA and AOSA have merged their annual meetings. Students will have access to future employers, business partners, etc. – an invaluable experience. We are thrilled to have the future of optometry meet with us to strengthen the future of our profession.

In future issues of the AOA News, please look for updates regarding different facets of Optometry's Meeting®. Kirk Smick, O.D., continuing education chair, will provide an overview of the remarkable CE scheduled. Dick Schuck, O.D., exhibits chair, will illustrate the vast display that will fill the Exhibit Hall at the Gaylord National® Resort & Convention Center. Finally, Ryan Parker, O.D., student program chair, will give a snapshot of the AOSA program of events.

I would like to encourage every AOA and AOSA member to take advantage of one of the largest member benefits available to them, Optometry's Meeting®.

This amazing event is the best value meeting in our industry. Please visit www.optometrysmeeting.org for further information and to register.

The Optometry's Meeting® Committee asks for your support by making your reservations at one of our official hotels. By you using our selected hotels, the AOA is able to avoid costly attrition fees. This helps us keep your overall meeting costs low. Log onto www.optometrysmeeting.org to make your housing reservations also.

We look forward to welcoming you and your family to the best meeting in our profession.

See you soon as we make Monumental Achievements together at Optometry's Meeting $^{\circ}$.

Healthy Eyes Healthy People® grant application deadline March 2

he application deadline for 2009 AOA Healthy Eyes Healthy People® (HEHP) State Association Grants is now just days away, according to the AOA Clinical Care Group.

Application forms must be postmarked or faxed by March 2, 2009, according to Elton H. Brown, III, O.D., chair of the AOA Healthy Eyes Healthy People® Committee.

Initiated in 2004, the AOA HEHP grant program provides awards of up to \$5,000 for innovative community outreach projects addressing the 10 targeted vision objectives established under the U.S. Department of Health & Human Service's Healthy People 2010 public health agenda (see box).

Funded by Luxottica and VSP, the AOA HEHP grant program will make a total of \$185,000 available to community eye and vision care efforts in 2009.

With this year's anticipated grants, the program will have provided nearly \$1 million in funding for vision outreach projects, Dr. Brown noted.

"At a time when an economic downturn is prompting concerns that some patients may put off necessary care, innovative community eye and vision care outreach programs may be more valuable – and more appreciated – than ever before," said Elton H. Brown, III, O.D., chair of the AOA Healthy Eyes Healthy People® Committee.

Over the past five years HEHP projects have included a joint effort by an optometric practice and an Illinois county health department to provide eye examinations and education for patients with diabetes – which was adapted to place emphasis on unemployed workers and their families after a rash of plant closings and layoffs.

Others projects have include a community health center-based program in Massachusetts to provide care for people of Vietnamese, African-American, Caribbean black, and Latino heritage; a program in Puerto Rico that has trained teachers, school nurses and parents on the identification and prevention of vision problems; and a Louisiana program that has provided church-based vision screenings.

In many cases, projects are developed through partnership state agencies or local community groups.

Healthy People 2010

vision objectives can be best addressed by partnering with key stakeholders to develop collaborative health promotion and disease prevention projects at the state and local community level, Dr. Brown noted.

Under the federal Healthy People program, emphasis is placed on eliminating disparities which are impact care for disadvantaged populations, he added.

Grant applications must be officially submitted by an AOA-affiliated state optometric association.

However, all AOA member optometrists may apply for the grants through their state optometric association.

A state optometric association can submit more than one application.

HEHP State Association Application forms and instructions can be found on the AOA's HEHP page (www.aoa.org/hehp.xml).

In addition to the completed application form, letters of commitment, timeline, and budget are required.

Incomplete applications will not be accepted.

For more information contact AOA HEHP staff member Uzma Zumbrink at 800-365-2219, ext. 4146 or UAZumbrink@aoa.org.

Healthy People 2010 Vision Objectives

- Increase the proportion of persons who have a dilated eye examination at appropriate intervals.
- Increase the proportion of preschool children age 5 years and under who receive vision screening.
- Reduce uncorrected visual impairment due to refractive errors.
- Reduce blindness and visual impairment in children and adolescents age 17 years and under.
- * Reduce visual impairment due to diabetic retinopathy.
- Reduce visual impairment due to glaucoma.
- Reduce visual impairment due to cataract.
- * Reduce occupational eye injury.
- Increase the use of appropriate personal protective eyewear in recreational activities and hazardous situations around the home.
- Increase vision rehabilitation.

Grants,

from page 1

"As the founding sponsor of HEHP, Luxottica Group saw that HEHP programs would help many people in need, were important to optometry as a profession, and would give us the opportunity to work together and support optometrists and patients all over the country," said Fay.

"Luxottica is extremely pleased to have helped

HEHP reach this \$1,000,000 milestone," he said.

The HEHP grants fund activities that support the Healthy People 2010 vision objectives and goal to reduce health disparities.

Fay was pleased to hear that an aggressive promotional plan is in place to spread the word about the grants and programs that are being implemented at the grassroots level.

In addition, Luxottica has committed to providing internal resources to assist with promotion of this worthwhile initiative. Together, Luxottica and VSP have given \$1 million to more than 200 projects in 46 states since the program's inception in 2004.

For more information visit www.aoa.org/hehp.xml.



HEHP annual meeting stresses collaborative projects

tance of Healthy Eyes

on health care reform.

Healthy People® at a time

when the nation is embarking

ic recovery without consider-

ing health care reform," said

Dr. Marshall. "And an inte-

People® serves as a founda-

tion for broad debate about

vision care, community

health and public policy."

dees also heard from Tervl

National

Organization of State Offices of

Rural Health.

Eisinger

reflected on the

health care needs

of those in non-

urban areas and

the distinctions

urban.

of what makes an area non-

"If there are more cows

Eisinger focused on the

need to establish relationships

with other rural health care

than people, it's frontier," she

HEHP Conference atten-

gral part of that is vision.

Healthy Eyes Healthy

"You can't have econom-

he AOA announced the 2009 Healthy Eyes Healthy People® (HEHP) State Association Grants program at its seventh annual HEHP conference in St. Louis from Jan. 24-25.

The grants provide funding for implementation of activities that support the Healthy People 2010 vision objectives and goal to reduce health disparities.

The AOA administers the grants sponsored by Luxottica Group and VSP.

Luxottica Group Vice President of Industry Relations Henry Sand spoke to the HEHP Conference attendees about the company's core value of helping those in need.

"Healthy Eyes Healthy

health of Americans.

"With Healthy People, even though it's coordinated and managed at the federal level, the stakeholder group is very large, which truly makes it a national objective," said HHS Senior Advisor Carter Blakey at the HEHP Conference.

Blakey also discussed the upcoming Healthy People 2020 initiative, which will focus on risk factors and determinants of health. Secondary objectives will focus on diseases and disor-

Public comment on Healthy People 2020 is encouraged at www.healthypeople.gov or by e-mailing hp2020@hhs.gov.

Of the more than 400



The Healthy Eyes Healthy People® Conference featured speakers with expertise in a widerange of areas affecting eye and vision health initiatives. From left, AOA Clinical Care Group Associate Director Timothy Wingert, O.D., AOA President Pete Kehoe, O.D., HHS Senior Adviser Carter Blakey and Optometry's Charity[™]-the AOA Foundation board member Paul Berman, O.D.

program is designed to reach out to those not in your chair, but to those who need your care."

Another important aspect of a project's ability to reach out to those needing care is public awareness.

enhance awareness for proj-

Conference attendees were reminded that the HEHP Grant Program is intended to stimulate community initiatives in health promotion and disease prevention.

serves as a foundation for broad debate about vision care, community health and

public policy."

Hill & Knowlton public affairs firm provided guidance to conference attendees in terms of public relations and its value and tips for working with the media to promote the grant projects.

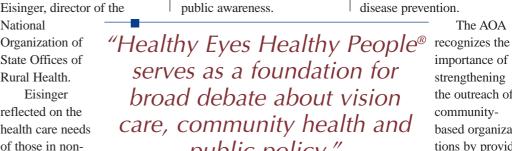
Break-out groups reviewed case studies to importance of strengthening the outreach of communitybased organizations by providing seed money to begin or con-

The AOA

tinue vision-related projects.

Applications for grants must be received by March 2. State associations will be notified of the decisions on April 14.

For more information on HEHP, including descriptions of past grant winners, visit www.aoa.org and search for "HEHP."



Representatives from the

brainstorm on ways to

11111

National Organization of State Offices of Rural Health Director Teryl Eisinger presented at the **HEHP Conference.**



Denmark Jensen, O.D., of Utah discusses the public awareness ideas of his break-out session group, which was led by Hill & Knowlton representatives.

People® touches us," he said. "We saw we could help a lot of people in need and also work together in supporting ODs all over the country."

Frank Fontana, O.D., spoke on behalf of VSP: "VSP recognizes what states do and is very proud to sponsor this and do it again next year."

Luxottica and VSP have given \$1 million to more than 200 projects in 46 states since the program's inception in

Each award is worth up to \$5,000 in support of community-based education and health promotion projects that address the vision objectives defined in Healthy People

The U.S. Department of Health & Human Services (HHS) developed Healthy People 2010 to establish 10year objectives to improve the Healthy People 2010 objectives, 10 are vision objectives relating to:

- Visual impairment due to diabetes, glaucoma, cataract and refractive error
- Regular eye exams for children and adults
- Vision screening for preschool children
- Eye injury prevention
- Vision rehabilitation Paul Berman, O.D.,

Optometry's Charity[™]—the AOA Foundation board member, addressed the Healthy People objective relating to protective eyewear.

"The most dangerous place for eyes is your home and on the playing fields in your community," said Dr. Berman.

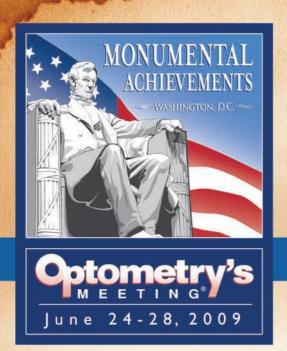
Dr. Berman advised states to consider a mandate requiring protective eyewear as a solution to dealing with eye injuries.

providers and educate them on optometry. "You guys are doing primary care services, and we need to know about it," Eisinger said.

This collaboration is what the AOA is aiming for with its HEHP initiative.

The AOA is particularly interested in creative, collaborative projects with long-term potential.

"What we are looking for are projects that find new ways to collaborate with other organizations," said Timothy Wingert, O.D., associate director of the AOA Clinical Care Group. "This



2009 Cottothettry s M E E T J N G

Gaylord National® Resort & Convention Center, near Washington, D.C.

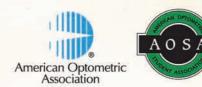
CONFERENCE: June 24-28, 2009 EXHIBITS: June 25-27, 2009

Wednesday Night Welcome Reception

The AOA and Bausch & Lomb would like to be the FIRST to "welcome" you to Optometry's Meeting. There is not a better way to start a meeting than in a room full of friends and colleagues, good food, drinks, and entertainment. Start Optometry's Meeting off right...Plan on attending the Wednesday Night Welcome Reception for a night of networking and fun!

Please register for function 0110.

To register, take advantage of early bird savings, and learn more about Optometry's Meeting®, visit www.optometrysmeeting.org













































MEETINGS



March

ALLEGANY OPTICAL/NATIONAL OPTOMETRY
March 1, 2009
Hagerstown Community College,
Hagerstown, MD
301/790-2800
www.hagerstowncc.edu/
coned/seminars

NEW JERSEY SOCIETY OF OPTOMETRIC PHYSICIANS WINTER EDUCATION SERIES March 1, 2009 Princeton Hyatt Regency Hotel NJSOP 4 AAA Drive, Ste. 204 Hamilton, NJ 08691 609/323-4012 FAX: 609/323-4014 www.njsop.org/events.php

SACRAMENTO VALLEY
OPTOMETRIC SOCIETY
21st Annual Ocular Symposium
March 1, 2009
Marriott Sacramento Rancho
Cordova Hotel jerrysue@svos.info

OPTOMETRIC EXTENSION PROGRAM GREAT LAKES CONGRESS March 1-2, 2009 Theresa Krejci 800 447 0370

SECO INTERNATIONAL SECO International 2009 March 4-8, 2009 Georgia World Congress Center, Atlanta, GA www.seco2009.com

BRITISH COLUMBIA ASSOCIATION
OF OPTOMETRISTS
CONTINUING EDUCATION
SEMINARS AND OPTOFAIR
March 13-16, 2009
Pan Pacific Hotel and Vancouver
Convention & Exhibition Centre
Vancouver, British Columbia,
Canada 604/737-9907
info@optometrists.bc.ca
www.optometrists.bc.ca

OPTOMETRIC EXTENSION
PROGRAM
18TH ANNUAL NORA MULTIDISCIPLINARY CONFERENCE
March 14-15, 2009
Benson Hotel, Portland, Oregon
Bob Williams
949/250-8070

AEA CRUISES OPTOMETRIC CRUISE SEMINAR March 14-21, 2009 Eastern Caribbean Aboard the Disney Magic 888/638-6009 aeacruises@aol.com www.optometriccruiseseminars.com TROPICAL CE AUSTRALIA
March 14-28, 2009
The Sebel Pier One – Sydney
Ayers Rock Resort – Uluru
The Outback Seat Temple (Gateway
to the Great Barrier Reef), Australia
Stuart Autry 281/808-5763
www.TropicalCE.com

OPTOMETRIC EXTENSION PROGRAM VT/VISUAL DYSFUNCTIONS March 19-23, 2009 Baltimore, Maryland Theresa Krejci 800 447 0370

OPTOMETRIC EXTENSION PROGRAM THE ART & SCIENCE OF OPTOMETRIC CARE—A BEHAVIORAL PERSPECTIVE March 19-23, 2009 Pomona, California Theresa Krejci 800 447 0370

ASPEN-SNOWMASS VISION RETREAT March 21-23, 2009 Timberline Lodge and Condominiums, Snowmass Village, Colorado, Dr. Steve Cantrell 314/351-3499 eyeski@integrity.com www.eyeski.com

THE WILMER EYE INSTITUTE AND THE MARYLAND OPTOMETRIC ASSOCIATION
Evidence-Based Care in
Keratoconus, Ophthalmic
Nutraceuticals, and Low Vision
March 22, 2009
The Johns Hopkins Medical Campus,
Tilghman Auditorium, Baltimore,
Rebecca Scarborough
410/583-2843
emyrowitz@jhmi.edu
www.marylandeyes.org/
2009wilmer.htm

INTERNATIONAL VISION EXPO EAST, March 26-29, New York, www.visionexpoeast.com

NEBRASKA OPTOMETRIC
ASSOCIATION SPRING
CONFERENCE
March 27-29, 2009
Embassy Suites, Lincoln, Nebraska
402/474-7716
noa@assocoffice.net
www.noaonline.ora

April

OPTOWEST 2009 April 2-5, 2009 Hyatt Grand Champions Resort, Villas and Spas, Indian Wells, Calif. Corrie Pelc 800/877-5738 ext. 237 FAX: 9169/448-1423

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org

cpelc@coavision.org coavision.org

PINELLAS OPTOMETRIC
ASSOCIATION, LOCAL AFFILIATE
OF FLORIDA OPTOMETRIC
ASSOCIATION SUNCOAST
SEMINAR April 4-5, 2009
Hilton Clearwater Beach Resort,
Clearwater, FL
Philip G. Currey, O.D.
727/442-5504
Idoc 1@aol.com

KANSAS OPTOMETRIC ASSOCIATION ANNUAL CONVENTION April 16-18, 2009 Sheraton Hotel, Overland Park 785/232-0225 info@kansasoptometric.org www.kansasoptometric.org

OPTOMETRIC EXTENSION
PROGRAM FOUNDATION
2009 California Regional Vision
Therapists' Forum
April 17-18, 2009
Crowne Plaza-Mission Valley,
San Diego, California
Lyna Dyson, COVT 858/748-6210
FAX: 858/748-6224
visionhlp@juno.com

SOUTHERN COLLEGE OF OPTOMETRY 2009 SPRING CONTINUING EDUCATION April 17-19, 2009 Southern College of Optometry Campus Memphis, TN 800/238-0180, ext. 4 ce@sco.edu www.sco.edu

WEST FLORIDA OPTOMETRIC ASSOCIATION SPRING SEMINAR April 17-19, 2009 SanDestin Hilton Beach Resort, Tom Streeter 850/279-4361 www.wfoameeting.com

INDIANA OPTOMETRIC ASSOCIATION 112TH ANNUAL CONVENTION April 17-19, 2009 French Lick and West Baden Springs Hotels, French Lick, Indiana 317/237-3560 www.ioa.org

OPTOMETRIC EXTENSION PROGRAM SOUTHERN CALIFORNIA VISION THERAPIST FORUM April 17-18, 2009 Handlery Hotel, San Diego, California (Mission Bay)

OPTOMETRIC EXTENSION
PROGRAM ROBERT WOLD
SOUTHERN CALIFORNIA
BEHAVIORAL VISION SEMINAR
April 19-20, 2009
Handlery Hotel, San Diego, CA
Theresa Krejci
800 447 0370

BINOCULAR VISION & PEDIATRICS FORUM AND THE CHILDREN'S LEARNING FORUM April 23-24, 2009 Holiday Inn on the Lane, Columbus, Ohio 614/688-3336 Kulp.6@osu.edu www.optometry.osu.edu

ARKANSAS OPTOMETRIC
ASSOCIATION 2009 SPRING
CONVENTION
April 23-25, 2009
The Peabody Hotel, Little Rock, AR
Vicki Farmer 501/661-7675
FAX: 501/373-0233
aropt@swbell.net
www.arkansasoptometric.org

MOUNTAIN WEST COUNCIL OF OPTOMETRISTS ANNUAL MEETING April 23-25, 2009 Las Vegas, Nevada Tracy Abel 888/376-6926 or 503/436-0798 FAX: 503/436-0612 tracyabel@earthlink.net www.mwco.org

KENTUCKY OPTOMETRIC
ASSOCIATION
107TH ANNUAL SPRING
CONGRESS April 23-26, 2009
Hyatt Regency Hotel, Louisville,
Kentucky Sarah A. Jones
502/875-3516
FAX: 502/875-3782
sarah@kyeyes.org
www.kyeyes.org

OPTOMETRIC EXTENSION PROGRAM VT/STRABISMUS & AMBLYOPIA April 23-26, 2009 Ft. Lauderdale, Florida Theresa Krejci 800 447 0370

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY 24TH ANNUAL MORGAN/SARVER SYMPOSIUM April 24·26, 2009 DoubleTree Hotel, Berkeley Marina, Berkeley, Calif. Nyla Marnay 510/642-6547 FAX: 510/642-0279 optoce@berkeley.edu http://optometry.berkeley.edu

NEW JERSEY CHAPTER OF THE ACADEMY April 29-May 3, 2009 Kingston Plantation, Myrtle Beach, South Carolina Dennis Lyons, O.D. 732/920-0110 Dhl2020@aol.com

COLLEGE OF SYNTONIC
OPTOMETRY 77TH
INTERNATIONAL CONFERENCE
ON LIGHT AND VISION
April 28-May 2, 2009
Niagara Falls, Ontario, Canada
Ron Wahlmeier
866/486-0190
FAX: 719/486-0190
syntonics@bresnan.net

May

FLORIDA CHAPTER OF THE AMERICAN ACADEMY OF OPTOMETRY EDUCATIONAL MEETING 2009 May 1-2, 2009 Mission Inn, Howey-in-the-Hills, Florida Dr. Arthur T. Young 239/245-7494 FAX: 239/574-1374 Eyeguy4123@msn.com



PENNSYLVANIA OPTOMETRIC
ASSOCIATION
POA SPRING CONFERENCE
May 1-3, 2009
Skytop lodge, Skytop, Pennsylvania
llene Sauertieg
llene@poaeyes.org
www.poaeyes.org

ARIZONA OPTOMETRIC
ASSOCIATION
2009 SPRING CONGRESS
May 8-10, 2009
Renaissance Glendale Hotel & Spa
Glendale, AZ
Kate Diedrickson
Kate@azoa.org
www.azoa.org

NEW MEXICO OPTOMETRIC ASSOCIATION 2009 ANNUAL CONVENTION May 14-17, 2009 Embassy Suites Hotel Albuquerque, NM Richard Montoya 575/751-7242 fleece@laplaza.org

OPTOMETRIC EXTENSION
PROGRAM 2009 EASTERN STATES
CONFERENCE May 16-17, 2009
Crowne Plaza, White Plains,
New York Stuart Rothman, O.D.
SMROD@aol.com

OPTOMETRIC EXTENSION
PROGRAM
ACQUIRED BRAIN
INJURY/TRAUMATIC BRAIN INJURY
(ABI/TBI) (OEP Clinical Curriculum)
May 16-18, 2009
Baltimore, Maryland
Theresa Krejci
800/447-0370

BRITISH CONTACT LENS
ASSOCIATION
2009 CLINICAL CONFERENCE
AND EXHIBITION
May 28-31, 2009
Manchester, United Kingdom
+44 (0)20 7580 6661
FAX: +44 (0)20 7580 6669
conf@bcla.org.uk
www.bcla.org.uk

June

MISSISSIPPI OPTOMETRIC
ASSOCIATION
2009 SUMMER CONVENTION
June 5-6, 2009
Pearl River Resort, Philadelphia,
Mississippi
Linda Ross Aldy
601/853-4407
FAX: 601/853-4408
msoptometr@aol.com
www.mseyes.com



Advanced Medical Optics

Alcon

Allergan

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CIBA Vision Corporation

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Essilor of America

Eyemaginations

HOYA Vision Care

Johnson & Johnson Vision Care, Inc

Kemin Health

Luxottica Group

Marchon Eyewear

Optos

Shamir

TLC Vision Corporation

Transitions Optical

VSP Vision Care

VisionWeb

Industry Profile
is a regular feature
in AOA News
allowing participants
of the
Ophthalmic Council sto express themselves
on issues and products
they consider
important
to the members
of the AOA.

Industry Profile: Allergan

Allergan offers and pursues innovative products to improve patient care.

With nearly 60 years of successfully discovering and developing new therapeutic agents to help protect and preserve vision, Allergan's heritage offers eye care professionals and patients a broad range of products to treat a variety of eye conditions.

As a result of dedicated research and development (R&D) efforts and close relationships with eye care professionals, Allergan has established itself as a global leader in eye care.

"As primary eye care providers, optometrists play a critical role in examining, diagnosing, treating and managing diseases and disorders of the eye," said Joseph J. Schultz, Allergan senior vice president, U.S., Eye Care. "At Allergan, we are proud to offer optometrists innovative therapeutics to provide their patients with quality vision and eye care."

Robust product offerings and pipeline

Allergan offers an extensive eye care portfolio for optometrists, including Restasis® (cyclosporine ophthalmic emulsion) 0.05%, the Refresh® brand line of artificial tears, Optive™ Lubricant Eye Drops, Optive™ Sensitive Preservative-Free Lubricant Eye Drops, Combigan® (brimonidine tartrate/timolol maleate ophthalmic solution) 0.2%/0.5%, Lumigan® (bimatoprost ophthalmic solution) 0.03%, Alphagan® P (brimonidine tartrate ophthalmic solution) 0.1% and 0.15%, Acular LS® (ketorolac tromethamine ophthalmic solution) 0.4%, Zymar® (gatifloxacin ophthalmic solution) 0.3% and Latisse™ (bimatoprost ophthalmic solution) 0.03%.

Looking to the future, Allergan's robust R&D programs are focused on the discovery of advanced therapies for glaucoma, ocular surface diseases and back-of-the-eye diseases such as macular edema, diabetic retinopathy and age-related macular degeneration – diseases that unfortunately cause sight loss in thousands of patients each years and whose prevalence is increasing as the population ages.

Consistent commitment to optometry

Allergan works closely with third-party optometry groups, key opinion leaders and managed care organizations to stay abreast of optometrists' needs and remains committed to providing support for optometrists at all levels with a dedicated sales force, continuing education programs and educational initiatives for teaching institutions.

"As a patient's first connection to eye health, optometrists around the country have shared with us the areas they feel are most important to their daily interactions with patients," said Paul King, manager, Optometric Strategies. "In 2009, we will continue to focus on supporting educational programs and delivering leading products that help optometrists improve patient outcomes and build their practices."

Allergan supports the AOA and American Academy of Optometry meetings, Vision Expos (East and West) and regional and local section meetings.

VisionWeb introduces new CL ordering service online

the February launch of a new and improved contact lens ordering service for VisionWeb members.

New features and functionality improve performance and ease of use.

Similar to VisionWeb's spectacle lens and frame engines, the contact lens engine displays unique product catalogs for each contact lens supplier.

Only products carried by the supplier will be displayed, making it easier to locate and order the desired product.

A new advanced searching feature allows users to search for contact lenses based on several categories including lens type, manufacturer, color, series, wear schedule, pack, and Universal Product Code (UPC).

When the product is found, users have the choice to order lenses one product at a time or to order multiple products using the new Grid View feature.

In addition, the new contact lens engine offers the Fast Order feature, which allows users to scan the UPC barcode of a contact lens product and automatically add the product to their Item List.

This timesaving feature makes it easy for users to order products to fill their inhouse stock.

All selected products are stored in an Item List, or shopping cart, until the order is complete, making it easy to place a single bundled order for multiple products to a supplier.

Bundling orders is more efficient and saves the eye care provider in shipping

When ordering contact lenses on VisionWeb, users have the ability to ship the order to the office or directly to the patient.

Patients benefit by receiving their annual supply of contact lenses direct to their door without having to come back to the office.

"We are very excited to launch our new contact lens ordering service to our customers," said Ken Engelhart, VisionWeb president and chief executive officer.

"The new features and functionality will improve the user experience and make ordering contact lenses on VisionWeb even better than before," Engelhart added. "This is the first among many exciting upgrades for our customers in 2009."

"The enhancements launched in the new contact lens engine are the result of market research and customer feedback coupled with the latest VisionWeb ordering technology," said Eric Muzy, VisionWeb chief information officer. "With this launch comes a view of the future of VisionWeb ordering."

Contact lens suppliers on the VisionWeb network currently include ABB Concise, Diversified Ophthalmics, ODG, OOGP, New Era Optical, and Vistakon.

VisionWeb members are now able to use the new and improved ordering service to order from these suppliers.

VisionWeb plans to connect more contact lens manufacturers and distributors in 2009 and beyond.

Ordering on VisionWeb is free for eye care providers. VisionWeb members can add their accounts with these contact lens suppliers and begin ordering using the new service.

For more information, or training for members, contact VisionWeb Customer Service at 800-874-6601 or e-mail customerservice@visionweb.com.



Transitions database offers resource for allergy meds

he Transitions
Medications and
Ocular Side Effects
Database, available at
www.transitions.com/
medications, lists common
allergy medications and their
ocular side effects.

To help raise awareness of the potential adverse ocular effects of medications, Transitions offers this database as an information resource to eye care professionals.

The database provides both short-term and long-term potential ocular health issues for medications, searchable by drug brand name.

As allergy season approaches, now is a good time to review the ocular side effects of allergy medications.

The Transitions clinical paper "Ocular Effects Associated With Medications" lists adverse effects by medication class. For instance, antihistamines with nonselective H_1 receptor inhibitors such as Benadryl® and Chlor-Trimeton® can produce papillary changes, decreased vision and dry eye.

Antihistamines with selective H₁ receptor inhibitors such as Claritin® and Zyrtec® can produce lacrimation, dry eye and contact lens discomfort.

In the corticosteroid class, cortisone and hydrocortisone can produce cataracts, elevated intraocular pressure, photophobia, mydriasis and decreased vision.

The Transitions
Medications and Ocular Side
Effects Database is available
to provide in-depth on specific drugs (see box for allergy
medication examples).

Visit www.transitions .com/medications for more information.

Allergy Medications and Ocular Side Effects

(www.transitions.com/medications)

Leukotriene Modifiers

Singulair (Montelukast sodium)

- * may produce a change in quantity of vision, such as blurred vision, altered refractive states or accommodative dysfunction
- may cause conjunctivitis

Mast Cell Stabilizers

Alamast (Pemirolast potassium)

- * may produce a change in quantity of vision, such as blurred vision, altered refractive states or accommodative dysfunction
- may cause burning, dry eye, foreign body sensation, and ocular discomfort

Opticrom (Cromolyn sodium)

- * may produce a change in quantity of vision, such as blurred vision, altered refractive states or accommodative dysfunction
- may cause watery eyes

Optivar (Azelastine hydrochloride)

- * may produce a change in quantity of vision, such as blurred vision, altered refractive states or accommodative dysfunction
- may cause conjunctivitis and blurred vision
- may contribute to uncomfortable but less serious ocular disorders, such as dryness, allergic reactions in and around the eyes, burning, or pain
- may cause eye pain

Patanol (Olopatadine hydrochloride)

- * may produce a change in quantity of vision, such as blurred vision, altered refractive states or accommodative dysfunction
- may cause hyperemia, keratitis, blurred vision, and foreign body sensation
- * may contribute to uncomfortable, but less serious, ocular disorders such as dryness, allergic reactions in and around the eyes, burning, or pain

Zaditor (Ketotifen fumarate)

- * may produce a change in quantity of vision, such as blurred vision, altered refractive states or accommodative dysfunction
- may cause conjunctivitis, discharge, dry eyes, keratitis, and lacrimation disorder
- * may alter the quality of vision by inducing glare, increasing light sensitivity or impairing light-dark adaptation
- may cause mydriasis and photophobia

Steroids

Flonase (Fluticasone propionate)

- * may produce a change in quantity of vision, such as blurred vision, altered refractive states or accommodative dysfunction
- may cause conjunctivitis and blurred vision
- * may contribute to the development of potentially serious, vision-threatening ocular diseases, such as cataracts, keratopathies, retinopathies, maculopathies, optic neuropathies and glaucoma
- * may contribute to uncomfortable but less serious ocular disorders, such as dryness, allergic reactions in and around the eyes, burning, or pain
- * may cause glaucoma, increased intraocular pressure, cataracts, delayed wound healing, transient blurring and stinging of eye, ocular irritation, and ocular infection

Nasacort (Triamcinolone acetonide)

- * may contribute to the development of potentially serious, vision-threatening ocular diseases, such as cataracts, keratopathies, retinopathies, maculopathies, optic neuropathies and glaucoma
- * may cause cataracts, glaucoma, increased intraocular pressure

Nasonex (Memotasone furoate monohydrate)

- * may produce a change in quantity of vision, such as blurred vision, altered refractive states or accommodative dysfunction
- may cause conjunctivitis

Deltasone (Prednisone)

- * may produce a change in quantity of vision, such as blurred vision, altered refractive states or accommodative dysfunction
- may cause exophthalmos
- * may contribute to the development of potentially serious, vision-threatening ocular diseases such as cataracts, keratopathies, retinopathies, maculopathies, optic neuropathies and glaucoma
- may cause posterior subcapsular cataracts, increased intraocular pressure, glaucoma.



OCuSOFT®, supplier of ophthalmic pharmaceuticals and supplies, introduced "micro-sites" that offer product-specific free sample and broad-based education.

These new Web sites are designed to ease any burdens for doctors acquiring fresh samples of OCuSOFT® Lid Scrub™ for patient distribution.

Eye care professionals can visit www.ocusoftlidscrubsamples.com to gain access to samples of both OCuSOFT® Lid Scrub™ Original and OCuSOFT® Lid Scrub™ Plus Extra Strength formulas.

For additional information and educational literature, visit the new OCuSOFT education-oriented sites at either www.ocusofteducation.com or www.ocusoft education.biz.

Both sites offer the latest in OCuSOFT literature to be delivered directly to a doctor's e-mail inbox or office door.

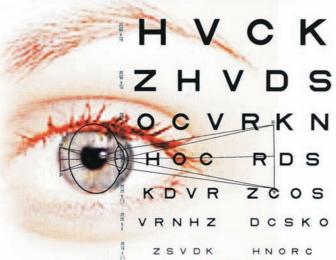






13th Annual Clinical Eye Care Conference and Alumni Reunion. May 15-17. 2009

Host Hotel: Seminole Hard Rock Hotel and Casino



Program features 24-credit hours of continuing education: Full-Day Refractive Surgery Symposium
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Practice Management, and Prevention of Medical Errors

For further information and to register: optometry.nova.edu/ce cope







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American Optometric Association

www.aoanews.org





VA OPTOMETRIC RESEARCH FELLOWSHIP PROGRAM 2009



at the VA Boston Healthcare System

The VA Boston Healthcare System and its affiliate, The New England College of Optometry are accepting applications for a unique VA Optometric Research Fellowship starting July 1, 2009. This is a two-year post-residency fellowship offering research, educational, and clinical training. Applicants must have completed an ACOE residency program in geriatrics, hospital-based eye care, ocular disease, low vision rehabilitation or primary eye care. The fellowship program is designed to develop individual potential for research careers relevant to VA optometry. At least 75 percent of the fellowship time is to be devoted to any of the following: clinical, biomedical, rehabilitation, or health services research, including didactic education related to research. Up to 25 percent of the fellowship time may be allotted to advanced clinical and/or teaching activities. Applicants should not be established investigators or academicians and should be prepared to cultivate new knowledge in the area of age related eye and vision disorders. The program will promote a strong foundation for lifelong learning, achievement and for a commitment to optometric research and advanced clinical care.

The stipend is \$43,796.00 for year one with an increase in year two.

Further information can be obtained by contacting:

Baharak Asefzadeh, OD, M.S., F.A.A.O. (112 – 0) Assistant Director, Optometric Research Fellowship C/O Jamaica Plain VAMC 150 South Huntington Ave Boston, MA 02130

E-mail: Baharak.Asefzadeh@va.gov

SOUTHWEST FLORIDA EDUCATIONAL RETREAT July 31 - August 2, 2009



Education

Transcript Quality - 6 Hours • Continuing Education - 11 Hours Total Hours 17 • 15 Hours Cope Approved

Program / Speakers

Ron Melton, O.D., F.A.A.O. and Randall Thomas, O.D., F.A.A.O.

David Woods, O.D., F.A.A.O. Sheldon Kreda, O.D., F.A.A.O.

Ron Foreman, O.D., F.A.A.O.

Information

Brad Middaugh, O.D. 1537 Brantley Rd., A-2 Fort Myers, Florida 33907 Phone: 239-481-7799 Fax: 239-481-3739 E-mail: swfoa@att.net 6 hours TQ/CE + 5 hours CE

2 hours CE Medical Errors

2 hours PM - "The Paperless Office, Advanced Strategies"

2 hours CE Optometric Jurisprudence

Registration

Prior to July 10, 2009 A.O.A members - \$360 Non-members - \$460

Register on line at: www.genesisgt.com/swfoa After July 10th add \$50 to ALL registrations.

Hotel Reservations: Toll Free - 1-888-707-7888







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CENTRAL PENNSYLVANIA. Wellestablished practice for sale due to retirement planning. Excellent opportunity for young energetic optometrist. Call 717 892 6761.

COLORADO SPRINGS, COL- ORADO. Seeking exp. OD F/T 4+day week. Dynamic established professional practice with tremendous growth potential, multi-location, some travel. Pls call Dr. Marcus Meyer @ 719-229-2020.

GEORGIA (3) Practice for Sale-Grosses \$1,500,000. Financing Available. 888-277-6633 or info@promed-financial.com.

Littleton, Colorado

\$300K annual gross sales with part-time doctor, this long standing and well-established practice with significant medical cases, is located in a pleasant residential area. It is visible and located on a busy street. There is significant potential for growth. If interested, contact Dan Zebarth at (303) 468-0432.

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in Ohio, New York and Florida. Contact Sandra Kennedy at National Practice Brokers (800) 201-3585.

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Southern VA — High net practice needs associate/partner. Email vita with cover letter to seniorod@comcast.net

Virginia, Roanoke Metro Area Optometrist F/T, top salary and benefits. Recent grads welcome to apply. Please call 732-502-0071

Miscellaneous

DO YOU WANT MORE VISION THERAPY PATIENTS? Are you tired of seeing patients walk out the door without getting the care that they need? Why wait until another patient says "If insurance doesn't cover it...?" Call today and find out how to ensure patients follow through with vision therapy regardless of insurance coverage. Expansion Consultants, Inc.: Specialists in consulting VT practices since 1988. Call toll free 877/248-3823, ask for Toni Bristol.

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VOSH-INTERNATIONAL NEEDS YOUR OUTDATED EQUIPMENT!!

How would you like to donate your outdated equipment to a worthy cause and receive a tax deduction at the same time? VOSH-INTERNA-TIONAL with the support of WCO and UNESCO has embarked on a program of equipment-technology transfer to fledgling Optometry programs in South America and Africa. This is being done with a new partner IMEC (International Medical Equipment Collaborative); a non-profit 501c3 that gathers, services, cleans and packages entire eye clinics, hospitals and other medical facilities and ships them to an organization that gives them a second life.

Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. Information about IMEC is available at www.imecamerica.

The most desirable items that programs in developing countries need are: Trial lens kits, battery powered hand scopes, assorted pliers and optical tools, hand stones for edging glass lenses, uncut lenses (both SV and BF), manual lensometers, phoropters, lens clocks, color vision tests, keratometers and biomicroscopes.

This list is certainly not complete but gives an idea of some of the basic needs these developing programs can benefit from. All items may be shipped directly to: VOSH INTERNATIONAL C/O IMEC

1600 Osgood Street North Andover, Mass. 01845

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email jaforrey@comcast.net and voshinternational@comcast.net.

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Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$60 (40 words maximum) 2 column inches - \$110 (80 words maximum) 3 column inches = \$150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@ elsevier.com attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year(one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock – Elsevier ad sales contact – at 212.633.3986 for advertising rates for all classifieds and showcase ads.

The American Optometric Association Order Department

Office Hours: Monday - Friday, 8AM-4PM (Central Standard Time)



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Choose from five different styles to be imprinted with your personal information.



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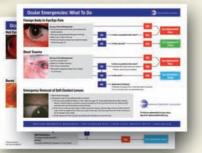


Easy to understand text and interesting facts with well drawn illustrations.



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A list of codes to aid in submitting Medicare and third party insurance claims.



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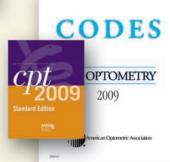
one patient education.

Pamphlets

We offer a large selection of pamphlets to aid patients in understanding their eye care needs.

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These easy to read pamphlets help answer patients eye care questions.



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The easy solution

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